



Registered Service Provider User Manual

Prepared by the Nebraska Supreme Court Probation Administration Information Technical Division

February 2014

Table of Contents

About This Manual	2
Contact Information.....	3
Logon Process	4
Password Policy.....	8
Accept Referral	9
Variances to the Accept Referral screens:	11
My Referrals.....	12
Client Details	14
Evaluation Assessment	21
Substance Abuse (SA) Evaluation Assessment.....	23
Juvenile Who Sexually Harm (JSH) Evaluation	27
Medication Management Evaluation	31
Mental Status Exam (MSE) Evaluation.....	33
Pre-Treatment Evaluation.....	35
Psychological Evaluation	39
Psychiatric Initial Diagnostic Interview (IDI) Evaluation	43
Relative/Kinship Home Assessment Evaluation.....	47
Completing Evaluation Report	51
Variances on the Evaluation Form screen	53
Monthly Treatment Progress Reports	54
Treatment Report	56
Juvenile Mental Health Treatment Report	62
Juvenile Report	67
Complete Treatment Reports	70
Variances to the Monthly Treatment Progress Report screens	72
Contracted Services Progress Reports	73
Electronic Monitoring Report	74
Tracker Report	77
Complete Contracted Services Reports	82
Variances to the Contracted Services Progress Report screens	84
Contracted Transportation	85

Complete Voucher Process	91
Discharge Summary Report	94
Editing and Deleting Reports	98

About This Manual

This manual is designed to provide step by step instruction of working through the Nebraska Probation Application for Community Safety, hereinafter referred to as NPACS, Registered Service Provider Section as set forth by the Standardized Model.

Description	Specifically, it will provide you instruction on Logging into the System, Searching for a Referral, Viewing Accepted Referral, Creation/Modification of an Evaluation Report, Creation/Modification of a Monthly Progress Report and Completion of Treatment Notification of an Offender.
Audience	This Manual is intended for Active Registered Service Providers and/or their Business Office Managers where applicable.
Objectives	Provide clear and concise instruction for each section of the Registered Service Provider Screens within NPACS.

Document Conventions	Bold	Indicates commands on menus and buttons, dialog box titles and options, and icon and menu names.
	<i>Italic</i>	Indicates action needed by end-user, usually precedes Bold lettering. Also indicates, introduction of new terms or emphasis in the text.
	ALL CAPITALS	Indicates the names of keys, key sequences, and key combination – for example, ALT+SPACEBAR.
	...	Represents an omitted portion of the text, which is not applicable for what you are doing.

Contact Information

For questions about the Standardized Model, please contact:

Julie Scott, Justice Behavioral Health Specialist

402-471-3526

julie.scott@nebraska.gov

For questions about the Application Process, General Voucher or Funding Information and Registered Provider Information, please contact:

Quality Compliance Review Staff

402-471-4158

nsc.probationvouchers@nebraska.gov

For questions about the Fee for Service Delivery program, please contact:

Jared Gavin, Fee for Service Delivery Specialist

402-471-8572

jared.gavin@nebraska.gov

For questions about Login, Password Setup or Resets:

Probation Information Technology Help Desk

402-471-4488

nsc.probationtechsupport@nebraska.gov

Should you not receive a response within 24 to 48 hours M-F, please contact:

Office of the CIO Help Desk

402-471-4636 or

helpdesk@nebraska.gov

1-800-982-2468

For questions or enhancement requests of the Registered Provider System, please contact:

Probation Information Technology Help Desk

402-471-4488

nsc.probationtechsupport@nebraska.gov

Probation Administration Address:

Nebraska Supreme Court Office of Probation Administration

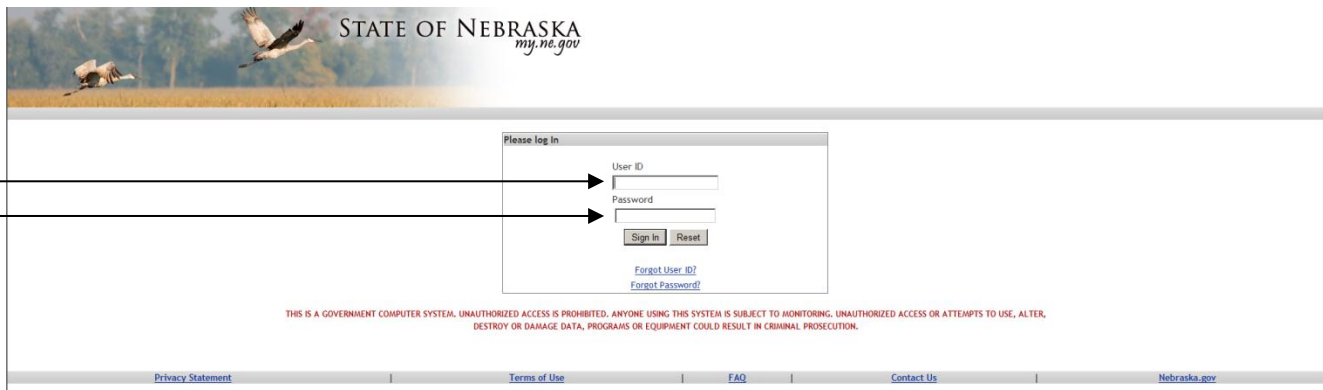
P.O. Box 98910

Lincoln, NE 68509-8910

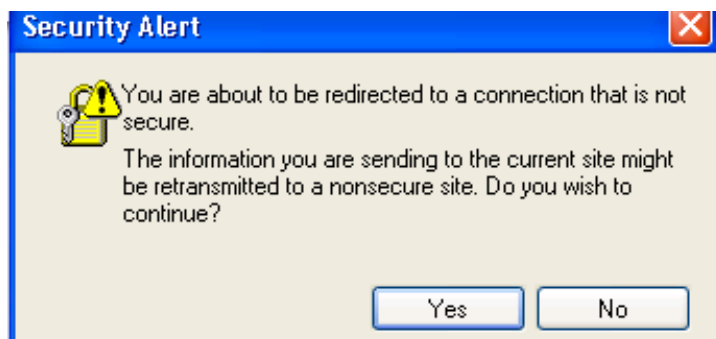
Logon Process

This section will walk you through the process of accessing the Registered Provider System through what is called the State of Nebraska Portal. You have 5 *grace* logins before the system will lock your ID and Password if you type them incorrectly five consecutive times during a session. Approximately every 60 days, you will be asked to reset your password. At that time you will want to review this information or follow the on-screen instructions.

1. **Open Internet Explorer (IE)**
2. Verify you are running IE version 8.0 or above.
 - a. To Verify, **Select** *HELP/About Internet Explorer* from the toolbar
 - b. A new window will pop-up and the Version line should read: 8.0.2...
3. Within the Address line of IE, **Type** *my.ne.gov* and **Press Enter**.
 - a. You will want to bookmark this site as a Favorite.
 - i. To set a Favorite, **Select** *FAVORITE/Add Favorite* on the toolbar.
 - ii. You can change the Name of the bookmark to something that is meaningful to you.
Example: NPACS Service Provider Login.
4. This page is called the Nebraska Directory Service (NDS). Place your cursor in the User ID box, **Type** your *User ID* that is found on within your packet of information.
5. **Tab** to the next line for Password, **Type** your *Password* also found within your packet of information.



6. Depending on how your IE is setup you might receive the following prompt; **Click Yes**.



- The system will prompt you to change your password the first time you log on or when you need to change the password. Please read the password requirement below or on-screen as they are specific for security reasons.

Change Password

Password Self Service

[ENGLISH](#) [ESPAÑOL](#)

Your password has expired. You must set a new password now.

Please change your password. Keep your new password secure. After you type your new password, click the Change Password button. If you must write it down, be sure to keep it in a safe place. Your new password must meet the following requirements:

- Password is case sensitive.
- Must be at least 8 characters long.
- Must be no more than 10 characters long.
- Must include at least 1 number.
- The first character can not be numeric.
- The first character can not be a symbol (non letter or number).
- The last character can not be a symbol (non letter or number).
- Must not repeat any character sequentially more than 2 times.
- Must have at least 1 lowercase letter.
- Must have at least 1 uppercase letter.
- Must not include any of the following values: password huskers admin.
- Must not include a common word or commonly used sequence of characters.
- New password may not have been used previously.

Please follow Nebraska Portal guidelines for your password

- If you are unable to come up with a password on your own to fit the requirements of #7 above, you can **click Autogenerate a new password**. The screen will display the new password for you as seen below.

The screenshot shows the 'Change Password' page with a modal dialog box titled 'Message from webpage'. The dialog contains a yellow warning icon and the text: 'The password is being changed to: t08rmentEr'. Below the dialog, the 'New Password' field is filled with dots. The 'Confirm Password' field is empty. To the right of the 'Confirm Password' field is a 'Password Strength' indicator. At the bottom of the page are three buttons: 'Change Password', 'Clear', and 'Show Password'. An arrow from step 8 points to the 'Auto-generate a new password' link, which is located above the 'New Password' field.

must have at least 1 lowercase letter
Must not include any
Must not include a c
New password may

Please follow Nebraska Portal guidelines for your password

» [Auto-generate a new password](#)

New Password

.....

Confirm Password

Password Strength

Change Password Clear Show Password

Idle Timeout: 4 minutes
PVM v1.4.3 b922 | KBunch | Aug 8, 2011 12:06:10 PM | src: 10.40.102.11

9. **Type** a *New Password*, **Press Tab** and **Type** the *New Password* again in the Confirm Password box. As you are typing the new password the system checks to see if the password meets the requirements. The system will read “Password meets requirements, please confirm”, once you have retyped the password **Click** the *Change Password* button.
- a. If the message comes back with invalid password and the reason, you will have to repeat this Step.

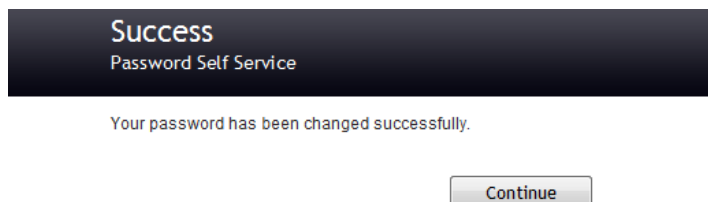
The screenshot shows a web form for changing a password. At the top, a light gray message box says "Password meets requirements, please confirm". Below this are two input fields: "New Password" and "Confirm Password". The "New Password" field contains several black dots, indicating masked text. To the right of the input fields is a "Password Strength" indicator, which is a red vertical bar with a white dot near the top. At the bottom of the form are three buttons: "Change Password", "Clear", and "Show Password". An arrow points from the "Show Password" button to the text in step 10.

10. You have the option to **Click** *Show Password*. This will allow you to see the password to ensure it is typed correctly in on both lines.

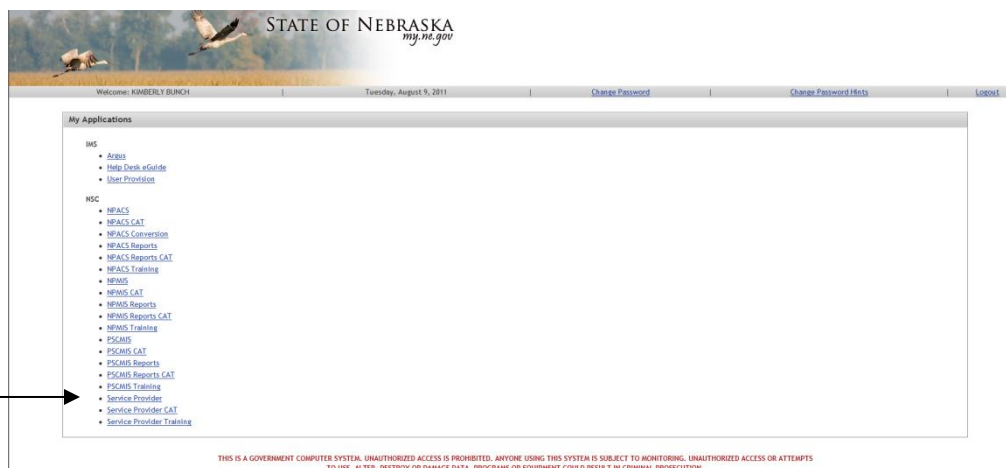
The screenshot shows the same password change form after the "Show Password" button was clicked. The "New Password" field now displays "K2j2Pops_8" and the "Confirm Password" field also displays "K2j2Pops_8". The "Password Strength" indicator remains the same. The buttons at the bottom are now "Change Password", "Clear", and "Hide Password".

11. If this is the first time you have ever logged into the system. The system will ask you a series of questions that you will need to provide answers for.
- b. High school mascot
 - c. Favorite childhood friend
 - d. 4-digit pin
 - i. You will not be asked these questions in the future. These questions are to allow the Office of CIO to determine if in fact it is you on the phone should you contact them for a password reset.

12. At the end, the system will return the following message:



13. **Click** *Continue* on the Success Screen. You will receive a logout process is complete message and you will need to close your browser.
14. You can then open a new browser and access my.ne.gov to login to the system with your new ID and Password.
15. Keep this ID and Password information in a safe place. Please read the attached Policy in Accordance with Probation Rules & Regulations on password safety.
16. Once you Logon to the Portal, you will see NSC and a hyperlink **Click Service Provider**.



17. This will bring you to the Welcome Screen.



18. You have successfully logged into the Nebraska Portal System and Registered Service Provider System.
19. The system will prompt you to reset your password in 60 days.

Password Policy

POLICY STATEMENT

Registered Service Providers within the Nebraska Probation System have various degrees of access to Nebraska Probation Management System. Due to the sensitive nature of the information housed within this system the following policy protects passwords and access to said system.

PURPOSE

The purpose of this policy is to ensure that passwords are **not** shared between staff nor provided to anyone outside the Nebraska Probation System for any reason.

PROCEDURE

1. Under no circumstances do you login to the Registered Service Provider System under your name and allow another person to enter data.

This information is tracked within the system under your user identification. Therefore, if something is amiss in regards to a record you could be held responsible.

2. Under no circumstances do you post your password in and around your desk for anyone else to see.
3. If you must write down your password in order to remember it, keep it in a safe place and do not reference what program the password is for.
4. Do not provide your password and user identification together in one e-mail.

EXCEPTION GUIDELINES

1. You may provide your password to authorized personnel for reset purposes only.

VIOLATION GUIDELINES

1. Should a violation of this policy occur; the individual who committed the violation shall be held personally responsible for any associated liability. Lack of knowledge of or familiarity with this policy shall not release an individual from such liability. Persons found in violation will be suspended from future access.

Print Name: _____
Signature: _____
Agency (if applicable): _____
Date: _____

Accept Referral

You are now within the Service Provider Section. The navigation throughout the system is on the left-side of the screen under the Menu or Option Section. The system will only display applicable Menu items based on your security request from the system. When you first log into the system you will see Accept Referral and My Referrals items.

The Accept Referral feature allows you to add a client to your list. To do this you will first search for a client and then accept said individual through our system. Step by step instructions are as follows.

1. Have the voucher referral or Last Name and Date of Birth of the client in front of you for accessing this part of the system.
2. **Click** on *Accept Referral*. The Menu option will look like the following:

Menu

- Welcome
- Announcements
- My Particulars
- Accept Referral**
- My Referrals

Contracted Services Caseload

- Electronic Monitoring Tracker

Option

- Print
- Tool Box
- Log Off

Accept Referral

Step 1: Search for Referral

Please provide the following to search for new referral:

*Client Last Name:

*Date of Birth: mm/dd/ccyy

If you have a colored voucher (pink/green) DO NOT enter or search for the voucher within the system; it will not exist. You must process these types of vouchers in the paper format.

3. The main display area of the system will show what needs to be entered.
4. You will **Enter Client Last Name**, **Press** the *Tab* key, **Enter Date of Birth**, **Click** on the *Search for New Referral* button.

5. The system will take you to Step 2 of the Accept Referral process.

Menu	Accept Referral																																				
Welcome Announcements My Particulars Accept Referral My Referrals	<p>Step 2: Accept Referral Complete all information to accept referral</p> <table border="1"> <thead> <tr> <th>Select One</th> <th>Offender</th> <th>Date of Birth</th> <th>Voucher Conf #</th> <th>Type</th> <th>Recommended LOC Service</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/></td> <td>Petersen, Cheyenne C</td> <td>12/25/1995</td> <td>2013TJUV845980</td> <td>Juvenile</td> <td>MH Outpatient Services</td> </tr> <tr> <td><input type="radio"/></td> <td>Petersen, Cheyenne C</td> <td>12/25/1995</td> <td>2013TJUV612699</td> <td>Juvenile</td> <td>Tracker Medium</td> </tr> <tr> <td><input type="radio"/></td> <td>Petersen, Cheyenne C</td> <td>12/25/1995</td> <td>2013TJUV249333</td> <td>Juvenile</td> <td>Electronic Monitoring GPS</td> </tr> <tr> <td><input type="radio"/></td> <td>Petersen, Cheyenne C</td> <td>12/25/1995</td> <td>2013EJUV753915</td> <td>Juvenile</td> <td>SA Assessment/Evaluation</td> </tr> <tr> <td><input type="radio"/></td> <td>Petersen, Cheyenne C</td> <td>12/25/1995</td> <td>2013EJUV847124</td> <td>Juvenile</td> <td>Mental Status Exam (MSE)</td> </tr> </tbody> </table> <p>*Assigned Service Provider: Kroll, Elishia</p> <p>*Have you obtained the proper release to access information for this client? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Notice: By selecting Yes to the above question, you are indicating you have the proper paperwork in your files that could be requested at any time by the State of Nebraska Probation staff. If found in violation of this agreement your rights as a Registered Service Provider could be in jeopardy.</p> <p>Accept Referral</p>	Select One	Offender	Date of Birth	Voucher Conf #	Type	Recommended LOC Service	<input checked="" type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013TJUV845980	Juvenile	MH Outpatient Services	<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013TJUV612699	Juvenile	Tracker Medium	<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013TJUV249333	Juvenile	Electronic Monitoring GPS	<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013EJUV753915	Juvenile	SA Assessment/Evaluation	<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013EJUV847124	Juvenile	Mental Status Exam (MSE)
Select One	Offender	Date of Birth	Voucher Conf #	Type	Recommended LOC Service																																
<input checked="" type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013TJUV845980	Juvenile	MH Outpatient Services																																
<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013TJUV612699	Juvenile	Tracker Medium																																
<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013TJUV249333	Juvenile	Electronic Monitoring GPS																																
<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013EJUV753915	Juvenile	SA Assessment/Evaluation																																
<input type="radio"/>	Petersen, Cheyenne C	12/25/1995	2013EJUV847124	Juvenile	Mental Status Exam (MSE)																																
<p>Contracted Services Caseload</p> <p>Electronic Monitoring Tracker</p> <p>Option</p> <p>Print Tool Box Log Off</p>																																					

User: EKroll


6. If you have only one referral showing, the system will default; i.e. make the selection for you.
- If you have more than one referral selection, the system will default; i.e. make a selection for you. It will select the first referral on the list. **Click the radio button** for the referral you would like to select. **Click Accept Referral**.
 - Please ensure you have selected the correct Type and Recommended LOC Service for the voucher and it matches the service you intend to provide.
7. If you have received the proper release from the Probation Officer, **click the yes radio button**. If you have not received the proper release, **click the no radio button**. Once your selection is made, **click Accept Referral**.
8. The following screen will display Referral Accepted. *It is highly recommended that you print this page for your records.* To print: **Select Print** under Option on the left side of the screen.

Menu	Accept Referral
Welcome Announcements My Particulars Accept Referral My Referrals	<p>Referral accepted!</p> <p>Client: Petersen, Cheyenne C Address: 10625 Calhoun Road Omaha NB 68112 Court Case: J1JV110126568 (Probation) Assigned Service Provider: Kroll, Elishia Voucher Confirmation #: 2013TJUV845980 Voucher Type: Juvenile Level of Care Service:: MH Outpatient Services</p> <p>Accept Another Referral</p>
<p>Contracted Services Caseload</p> <p>Electronic Monitoring Tracker</p> <p>Option</p> <p>Print Tool Box Log Off</p>	

User: EKroll

Variances to the Accept Referral screens:

1. *Step 1: Search for Referral:* Should you enter something incorrectly within the system, Example: Client Last Name, the system will notify you of the error at the bottom of the main display area.

Menu	Accept Referral
Welcome Announcements My Particulars Accept Referral My Referrals	Step 1: Search for Referral Please provide the following to search for new referral: *Client Last Name: <input type="text" value="robinson"/> *Date of Birth: <input type="text" value="07/21/1995"/>  mm/dd/ccyy If you have a colored voucher (pink/green) DO NOT enter or search for the voucher within the system; it will not exist. You must process these types of vouchers in the paper format. <input type="button" value="Search for New Referral"/> No offender found. Please verify information entered and search again.
Contracted Services Caseload Electronic Monitoring Tracker	
Option Print Tool Box Log Off	


My Referrals

This section of the system allows you to go directly to a previously accepted client. As well, this menu option allows you to search and sort accordingly based on individual or multiple selections and leads to the Evaluation and/or Treatment Sections of the program.

1. Click on *My Referrals*, the Menu option will look similar to the following:

Voucher Conf #	LoC Service	Client	Date Issued	Completion Status	Completion Date	SP Name	Status	Amount	Officer
2014TJUV119258	Electronic Monitoring GPS	ANDERS, BRISHAN C (Client Detail)	03/24/2014	Successfully completed	03/26/2014	HelpDesk, Probation17 (active)	SP Completed	\$140.00	Kroll, Elishia

2. Within the Main Display area, you will see various Search/Sort Options.
 - a. When you enter or select the various options you wish to see, **Click Search for Referrals** button when finished. The listing of Vouchers found will change based on the selections requested.
 - b. Voucher Status pull-down option has several options:
 - i. Accepted = Service Provider has accepted the voucher.
 - ii. Administrative Review = In Quality Compliance Reviewer hands for Quality Assurance review.
 - iii. Approved = Moved forward for payment.
 - iv. Completed = Officer has verified payment can happen.
 - v. Invalidated = Voucher is no longer valid.
 - vi. Paid = Payment has been issued.
 - vii. QCR Hold = Voucher is on hold pending addition information requested.
 - viii. QCR SP Review = Voucher has been returned to the provider for corrections.
 - ix. SP Completed = Service Provider has submitted voucher for payment.
 - x. Suspended = Holding Status for voucher and research is needed.
 - xi. Transmitted = Payment has been sent to the payment system.
 - c. Voucher Type pull-down option has five options:
 - i. Evaluation
 - ii. Juvenile
 - iii. Juvenile Non-Monetary
 - iv. Treatment
 - v. Non-Monetary
 - d. Completion Status pull-down menu has the following that will be better defined in the Completions Section of this manual:

- i. Terminated Unsuccessfully
 - ii. Referred to a higher Level of Care
 - iii. Successfully Completed
 - iv. Continuing Treatment
- 3. Below the Search/Sort Section, is a listing of all your Accepted Referrals.
 - a. When this list gets long, you will probably want to utilize the Search/Sort section. These are located above the column with a double arrow .
 - b. The Sort options are:
 - i. LOC Service
 - ii. Client
 - iii. Completion Status
 - iv. SP Name (Service Provider)
 - v. Status
 - vi. Officer (Probation/Parole Officer)
- 4. Depending on the Voucher Type, this screen will take you to either the Client Detail Section (if yes was selected for the proper release question, when voucher was accepted), Evaluation Assessment Section or the Monthly Progress Report (Treatment) Section of the system.

Client Details

When accepting a voucher, you were prompted with the question “Have you obtained the proper release to access information for this client?”. If you selected Yes, you will have access to the Probationer’s SSI/SRARF and Criminal History information, if it’s available within NPACS. NPACS is the system that the Officer uses for Case Management.

To view the Client Detail, you will **Select** the *Client Detail* link on the My Referrals screen.

2012EJUV538275	Youth Who Sexually Harm Risk Assessment	Taylor, Alisha M (Client Detail)		Kroll, Elishia	Accepted	\$1,000.00	Kroll, Elishia
----------------	---	---	--	----------------	----------	------------	----------------

Menu	Client Detail - Petersen, Cheyenne C																		
Welcome Announcements My Particulars Accept Referral My Referrals	Criminal History <table border="1"> <thead> <tr> <th>Offense Type</th> <th>Date</th> <th>Location</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Juvenile</td> <td>12/20/2012</td> <td>Lincoln, NEBRASKA</td> <td></td> </tr> </tbody> </table> SSI/SRARF <table border="1"> <thead> <tr> <th>Completion Date</th> <th>SSI Score</th> <th>SSI Level</th> <th>SRARF Level</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>12/28/2012</td> <td>6</td> <td>Moderate to High</td> <td>Low</td> <td></td> </tr> </tbody> </table> <div>Return to My Referrals</div>	Offense Type	Date	Location	Action	Juvenile	12/20/2012	Lincoln, NEBRASKA		Completion Date	SSI Score	SSI Level	SRARF Level	Action	12/28/2012	6	Moderate to High	Low	
Offense Type	Date	Location	Action																
Juvenile	12/20/2012	Lincoln, NEBRASKA																	
Completion Date	SSI Score	SSI Level	SRARF Level	Action															
12/28/2012	6	Moderate to High	Low																
Contracted Services Caseload Electronic Monitoring Tracker																			
Option Print Tool Box Log Off																			

- This page will display all Criminal History records as captured in NPACS. The data field displayed are:
 - Offense Type
 - Date
 - Location
 - Action – if you **click on the magnifying glass** you will see more details as it pertains to that specific Offense.

Criminal History - Petersen, Cheyenne C	
Offense Type: Juvenile	Date: 12/20/2012
Location: Lincoln, NEBRASKA	
Original	Amended
MIP	
Comment: <div>To Client Details</div>	

2. This page will display the most recent SSI/SRARF as captured in NPACS. The data fields displayed are:
 - a. Completion Date
 - b. SSI Score
 - c. SSI Level
 - d. SRARF Level
 - e. Action – if you **click on the magnifying glass** you will see more details as it pertains to that SSI/SRARF.

SSI/SRARF - Petersen, Cheyenne C

Completed By: Beaudette, Dianne

Completion Date: 12/28/2012

Excluding Questions one and fifteen, in regards to the offender's alcohol and drug use, mark the responses as provided by them. Questions should be answered in terms of their experience in the past six months. Please check yes or not. Although they are not scored, questions one and fifteen should be answered respective of their life-long experience.

Simple Screening Instrument (SSI)

- | | |
|--|-----|
| 1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin, or other opiates, uppers, downers, hallucinogens or inhalants) | Yes |
| a. When did you first use alcohol or other drugs (excluding tobacco)? 07/01/2012 | |
| b. When did you last use alcohol or other drugs (excluding tobacco)? 12/25/2012 | |
| 2. Have you felt that you use too much alcohol or other drugs? | No |
| 3. Have you tried to cut down or quit using alcohol or other drugs? | Yes |
| 4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors or a treatment program) | No |
| 5. Have you had any of the following: | |
| a. Blackouts or other period of memory loss? | No |
| b. Injured your head after drinking or using drugs? | No |
| c. Had convulsions, delirium tremens (DT)? | No |
| d. Hepatitis or other liver problems? | No |
| e. Felt sick, shaky or depressed when you stopped drinking or using? | No |
| f. Felt a crawling feeling under the skin after you stopped using a drug? | No |
| g. Been injured after drinking or using? | Yes |
| h. Used needles to shoot drugs? | No |
| i. Been depressed or suicidal? | No |
| 6. Has drinking or drug use caused problems between you and your family and friends? | Yes |
| 7. Has drinking or drug use caused problems at school or at work? (Including attendance) | No |
| 8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft or drug possession) | No |
| 9. Have you lost your temper or gotten into arguments or fights while using alcohol or drugs? | Yes |
| 10. Have you needed to drink or use drugs more and more to get the effect you want? | No |
| 11. Have you spent a lot of time thinking about or trying to get alcohol or drugs? | Yes |
| 12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? | Yes |
| 13. Have you felt bad or guilty about your alcohol or drug use? | No |
| The next questions are about your lifetime experiences. | |
| 14. Have you ever had a drinking or drug problem? | No |
| 15. Have any of your family members ever had a drinking or drug problem? | Yes |
| 16. Do you feel that you have a drinking or drug problem now? | No |
| The next questions are about your experiences with gambling. | |
| 17. Have you ever had to lie to people important to you about how much you gambled? | No |
| 18. Have you ever felt the need to bet more and more money? | No |

Observation Checklist

Observation check list for Interviewers: Did you observe any of the following while screening this individual?

1. Needle track marks	No
2. Skin abscesses, cigarette burns, or nicotine stains	No
3. Tremors (shaking and twitching of hands and eyelids)	No
4. Unclear speech; slurred, incoherent, or too rapid	No
5. Unsteady gait; staggering off balance	No
6. Dilated (enlarged or constricted (pinpoint) pupils)	No
7. Scratching	No
8. Swollen hands or feet	No
9. Smell of alcohol or marijuana on breath	No
10. Drug paraphernalia such as pipes, paper, needles, or roach clips	No
11. "Nodding out" (dozing or falling asleep)	No
12. Agitation	Yes
13. Inability to focus	No
14. Burns on the inside of the lips	No
Was the release signed and on record with the Agency?	Yes

Rationale:

SSI Score/Level: 6/Moderate to High

Standardized Risk Assessment Reporting Format For Substance Abuse Offenders (SRARF)

Please complete this section if SSI has a total score of 4 or greater, or offender is evaluated for SSAS

This instrument is used to give treatment providers an indication of the offender's risk of rearrest. Please indicate whether, in your professional judgment, the offender's circumstances in each of the following areas indicated an increased likelihood of rearrest. Please check the box adjacent to the questions to indicate "Yes" response.

1. Age Examples: The offender was relatively young at the time of first arrest/conviction. The offender is currently 12 or younger.	Yes
2. Prior Record Examples: The offender's arrest record causes concerns. The offender has had prior terms of probation/parole. The offender has absconded or been revoked.	No
3. Offense Types Examples: The offender has prior arrests for theft/auto theft/burglary/robbery. The offender has an arrest for assault, sexual assault or weapons.	No
4. Attitude Examples: The offender does not accept responsibility/rationalizes behavior. The offender is unwilling to change.	Yes
5. Personal Relations Examples: The offender's personal relationships are unstable or disorganized. The offender has gang associations.	Yes
6. Substance Use Examples: The offender is involved in occasional or frequent use of alcohol/drugs. The use of alcohol/drugs causes any disruption of functioning.	Yes
7. Employment Examples: The offender has unsatisfactory employment or is unemployed. The offender has not been regularly employed or in school for the last year.	No

Overall Impression:

In your judgment indicate the relative level of risk of rearrest posed by this offender: Low

Rational/Concerns/Complicating Factors (e.g. trauma, victim, mental health, other identified needs):

[To Client Details](#)

3. Only for Adult Sex Offender Evaluation vouchers, the Client Detail page will also display the most recent Acute 2007, Stable 2007 and Static 99 as captured in NPACS. You will also be allowed to add new Evaluations for these areas.

Criminal History

Offense Type	Date	Location	Action
Criminal	12/03/2012	Adams, NEBRASKA	
Criminal	12/05/2011	Adams, NEBRASKA	

SSI/SRARF

Completion Date	SSI Score	SSI Level	SRARF Level	Action
09/13/2010	1	Low	Low	

Acute 2007

Completion Date	Sex/Violence Score / Level	General Recidivism Score / Level	Action
01/17/2013	2 / High	6 / High	
09/13/2010	1 / Moderate	1 / Moderate	

Stable 2007

Completion Date	Score / Level	Action
01/17/2013	6 / Moderate	
09/13/2010	3 / Low	

Static99

Completion Date	Score / Level	Action
01/17/2013	2 / Low-Moderate	
09/13/2010	1 / Low	

Return to My Referrals

- a. Acute 2007 data fields are as follows:

Acute 2007			
Completion Date	Sex/Violence Score / Level	General Recidivism Score / Level	Action
01/17/2013	2 / High	6 / High	
09/13/2010	1 / Moderate	1 / Moderate	

- i. This icon will allow you to **Add** a new evaluation to the client. **Click on the icon** and you will be taken to a new evaluation where you can fill in data.

All entries are required.

Completion Date: mm/dd/ccyy

1. Victim Access	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
2. Hostility	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
3. Sexual Pre-occupation	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
4. Rejection of Supervision	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
5. Emotional Collapse	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
6. Collapse of Social Supports	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
7. Substance Abuse	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2

[Save](#) [Cancel](#)






- ii. Completion Date – Date the evaluation was completed.
- iii. Sex/Violence Score/ Level – Displays the score/level of that evaluation.
- iv. General Recidivism Score/Level – Displays the score/level of that evaluation.
- v. Action – The *pencil icon* will allow you to **Edit** the current record, if you were the one who created it. The *magnifying glass* will pull up more details about that evaluation. The *Red X* will **Delete** the current record, if you were the one who created it.


Completed By: Kroll, Elishia (Service Provider)
Completion Date: 01/17/2013

1. Victim Access	0
2. Hostility	1
3. Sexual Pre-occupation	1
4. Rejection of Supervision	0
Sex/Violence Total/Level: 2 / High	
5. Emotional Collapse	1
6. Collapse of Social Supports	2
7. Substance Abuse	1
General Recidivism Risk Total: 6 / High	

[Edit](#) [To Client Details](#)

b. Stable 2007 data fields are as follows:

Stable 2007 		
Completion Date	Score / Level	Action
01/17/2013	6 / Moderate	  
09/13/2010	3 / Low	

- i. This icon  will allow you to **Add** a new evaluation to the client. **Click on the icon** and you will be taken to a new evaluation where you can fill in data.

All entries are required.

Completion Date: mm/dd/ccyy

1. Significant Social Influences ☒ 0 ☐ 1 ☐ 2
2. Capacity for Stable Relationships ☒ 0 ☐ 1 ☐ 2
3. Emotional ID with Children ☒ 0 ☐ 1 ☐ 2
4. Hostility toward women ☒ 0 ☐ 1 ☐ 2
5. General Social Rejection ☒ 0 ☐ 1 ☐ 2
6. Lack of concern for others ☒ 0 ☐ 1 ☐ 2
7. Impulsive ☒ 0 ☐ 1 ☐ 2
8. Poor Problem Solving Skills ☒ 0 ☐ 1 ☐ 2
9. Negative Emotionality ☒ 0 ☐ 1 ☐ 2
10. Sex Drive Sex Preoccupation ☒ 0 ☐ 1 ☐ 2
11. Sex as Coping ☒ 0 ☐ 1 ☐ 2
12. Deviant Sexual Preference ☒ 0 ☐ 1 ☐ 2
13. Cooperation with Supervision ☒ 0 ☐ 1 ☐ 2

- ii. Completion Date – Date the evaluation was completed.
- iii. Score/ Level – Displays the score/level of that evaluation.
- iv. Action – The *pencil icon* will allow you to **Edit** the current record, if you were the one who created it. The *magnifying glass* will pull up more details about that evaluation. The *Red X* will **Delete** the current record, if you were the one who created it.






Completed By: Kroll, Elishia (Service Provider)


Completion Date: 01/17/2013

1. Significant Social Influences 0
2. Capacity for Stable Relationships 0
3. Emotional ID With Children 1
4. Hostility Toward Women 0
5. General Social Rejection 0
6. Lack Of Concern For Others 0
7. Impulsive 2
8. Poor Problem Solving Skills 0
9. Negative Emotionality 0
10. Sex Drive Sex Preoccupation 1
11. Sex As Coping 1
12. Deviant Sexual Preference 1
13. Cooperation With Supervision 0


Total Score/Risk Level: 6 / Moderate

c. Static99 data fields are as follows:

Static99 		
Completion Date	Score / Level	Action
01/17/2013	2 / Low-Moderate	  
09/13/2010	1 / Low	

- i. This icon  will allow you to **Add** a new evaluation to the client. **Click on the icon** and you will be taken to a new evaluation where you can fill in data.

All entries are required.

Completion Date:  mm/dd/ccyy

1. Young (Age). 0
2. Ever lived with lover for at least two years? ☐ Yes ☒ No
3. Index non-sexual violence - Any Convictions ☐ Yes ☒ No
4. Prior non-sexual violence - Any Convictions ☐ Yes ☒ No
5. Prior Sex Offenses
 - ☒ 0 Charge/ 0 Conviction
 - ☐ 1-2 Charges/ 1 Conviction
 - ☐ 3-5 Charges/ 2-3 Convictions
 - ☐ 6+ Charges/ 4+ Convictions
6. Prior sentencing dates (excluding index) ☒ 3 or less ☐ 4 or more
7. Any convictions for non-contact sex offenses ☐ Yes ☒ No
8. Any Unrelated Victims ☐ Yes ☒ No
9. Any Stranger Victims ☐ Yes ☒ No
10. Any Male Victims ☐ Yes ☒ No

- ii. Completion Date – Date the evaluation was completed.
- iii. Score/ Level – Displays the score/level of that evaluation.
- iv. Action – The *pencil icon* will allow you to **Edit** the current record, if you were the one who created it. The *magnifying glass* will pull up more details about that evaluation. The *Red X* will **Delete** the current record, if you were the one who created it.

Completed By: Kroll, Elishia (Service Provider)

Completion Date: 01/17/2013

1. Young (Age) 25
2. Ever lived with lover for at least two years? Yes
3. Index non-sexual violence - Any Convictions No
4. Prior non-sexual violence - Any Convictions No
5. Prior Sex Offenses 1-2 Charges/ 1 Conviction
6. Prior sentencing dates (excluding index) 3 or less
7. Any convictions for non-contact sex offenses Yes
8. Any Unrelated Victims No
9. Any Stranger Victims No
10. Any Male Victims No

Total Score/Risk Level: 2/Low-Moderate

Evaluation Assessment

This section of the system allows you to add an Evaluation Assessment for the selected Client/Voucher combination, for the following evaluations:

- a. Substance Abuse (SA) Evaluation
- b. Co-occurring (C/O) Evaluation
- c. Sex Offender/Youth Who Sexually Harm (SO) Evaluation
- d. Medication Management Evaluation
- e. Mental Status Exam (MSE) Evaluation
- f. Pre-treatment Evaluation
- g. Psychological Evaluation
- h. Psychiatric IDI Evaluation

This information will be provided for Probation Officers to review when the Evaluation Assessment is complete.

1. Select the Client/Voucher you wish to locate from the *My Referrals* section. **Click** on the hyperlink under *LoC Service*, in this case *SA Assessment/Evaluation*.

Menu	Service Provider																								
Welcome Announcements My Particulars Accept Referral My Referrals	<p>Please provide ANY of the following to search for referrals:</p> <p>Client Last Name: <input type="text" value="petersen"/></p> <p>Client First Name: <input type="text"/></p> <p>Voucher Confirmation #: <input type="text"/></p> <p>Voucher Status: <input type="text" value="Accepted"/></p> <p>Voucher Type: <input type="text" value="All"/></p> <p>Completion Status: <input type="text" value="All"/></p> <p><input type="button" value="Search for Referrals"/></p>																								
Contracted Services Caseload Electronic Monitoring Tracker	<p>No. of referrals found: 5</p> <table border="1"> <thead> <tr> <th>Voucher Conf #</th> <th>LoC Service</th> <th>Client</th> <th>Completion Status</th> <th>SP Name</th> <th>Status</th> <th>Amount</th> <th>Officer</th> </tr> </thead> <tbody> <tr> <td>2013EJUV753915</td> <td>SA Assessment/Evaluation</td> <td>Petersen, Cheyenne C (Client Detail)</td> <td></td> <td>Kroll, Elishia</td> <td>Accepted</td> <td>\$190.00</td> <td>Kroll, Elishia</td> </tr> <tr> <td>2013EJUV847124</td> <td>Mental Status Exam (MSE)</td> <td>Petersen, Cheyenne C (Client Detail)</td> <td></td> <td>Kroll, Elishia</td> <td>Accepted</td> <td>\$99.00</td> <td>Kroll, Elishia</td> </tr> </tbody> </table>	Voucher Conf #	LoC Service	Client	Completion Status	SP Name	Status	Amount	Officer	2013EJUV753915	SA Assessment/Evaluation	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$190.00	Kroll, Elishia	2013EJUV847124	Mental Status Exam (MSE)	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$99.00	Kroll, Elishia
Voucher Conf #	LoC Service	Client	Completion Status	SP Name	Status	Amount	Officer																		
2013EJUV753915	SA Assessment/Evaluation	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$190.00	Kroll, Elishia																		
2013EJUV847124	Mental Status Exam (MSE)	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$99.00	Kroll, Elishia																		
Option Print Tool Box Log Off																									

User: EKroll

2. The next screen will display the Offender and Voucher Information. **Click Add Evaluation Report** button when you have confirmed this is the correct Offender/Voucher.

Menu	SA Evaluation
Welcome Announcements My Particulars Accept Referral My Referrals	SA Evaluation <div>Offender Name: Petersen, Cheyenne C Address: 10625 Calhoun Road Omaha NB 68112 Phone/Mobile: (800)652-1999 / Voucher Conf. #: 2013EJUV753915 Issued Date: 01/15/2013 Court Case: J1JV110126568 Level of Care Service: SA Assessment/Evaluation Issued By Officer/Staff: Kroll, Elishia (Probation)</div>
Contracted Services CaseLoad	<div>→ Add Evaluation Report Return to My Referrals</div>
Electronic Monitoring Tracker	
Option	
Print Tool Box Log Off	


3. The next screen will display the entire Evaluation Assessment form. Please make note this is a lengthy form. The *Save* and *Cancel* buttons will be visible only at the beginning and end of the form.

[Save](#) [Cancel](#)

Substance Abuse (SA) Evaluation Assessment

1. The SA Evaluation Assessment form is divided into four sections. The first section includes the Evaluation Order and Ideal Level of Care.

Evaluation Order

*Date Evaluation Ordered:  mm/dd/ccyy

Client/Family Availability to Pay:

IDEAL Level of Care and Services (select at least one)

<p>Non-Residential Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care Monitoring <input type="checkbox"/> Community Support <input type="checkbox"/> Community Treatment Aide (CTA) <input type="checkbox"/> Day Treatment (DT) <input type="checkbox"/> Intensive Outpatient Program <input type="checkbox"/> Intervention <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Partial Care <input type="checkbox"/> Prevention & Education 	<p>Residential Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Halfway House or SUD Group Home <input type="checkbox"/> Partial Hospitalization (PHP) <input type="checkbox"/> Professional Resource Family Care (PRFC) <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF) <input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center <input type="checkbox"/> Short Term Residential <input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home 	<p>Emergency Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crisis Phone Line <input type="checkbox"/> Emergency Crisis Stabilization <input type="checkbox"/> Emergency Shelter or Respite <input type="checkbox"/> Medical Detox <input type="checkbox"/> Mobile Crisis/Crisis Response Team
--	--	--

Behavioral Health Services

- ☐ Medical Evaluation
- ☐ Mental Health Evaluation
- ☐ Psych Evaluation
- ☐ Psychiatric Evaluation
- ☐ Sex Offender Evaluation
- ☐ Other:

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.
3. Under Ideal Level of Care you must check at least one box under this section. The different subsections are:
 - a. Non-Residential Services
 - b. Residential Services
 - c. Emergency Services
 - d. Behavioral Health Services

Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Ideal Level of Care in the Standardized Model.

4. The second section includes Available Level of Care.

AVAILABLE Level of Care (select at least one)		
Non-Residential Services <ul style="list-style-type: none"><input type="checkbox"/> Care Monitoring<input type="checkbox"/> Community Support<input type="checkbox"/> Community Treatment Aide (CTA)<input type="checkbox"/> Day Treatment (DT)<input type="checkbox"/> Intensive Outpatient Program<input type="checkbox"/> Intervention<input type="checkbox"/> Outpatient Treatment<input type="checkbox"/> Partial Care<input type="checkbox"/> Prevention & Education	Residential Services <ul style="list-style-type: none"><input type="checkbox"/> Halfway House or SUD Group Home<input type="checkbox"/> Partial Hospitalization (PHP)<input type="checkbox"/> Professional Resource Family Care (PRFC)<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)<input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center<input type="checkbox"/> Short Term Residential<input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home	Emergency Services <ul style="list-style-type: none"><input type="checkbox"/> Crisis Phone Line<input type="checkbox"/> Emergency Crisis Stabilization<input type="checkbox"/> Emergency Shelter or Respite<input type="checkbox"/> Medical Detox<input type="checkbox"/> Mobile Crisis/Crisis Response Team
Behavioral Health Services <ul style="list-style-type: none"><input type="checkbox"/> Medical Evaluation<input type="checkbox"/> Mental Health Evaluation<input type="checkbox"/> Psych Evaluation<input type="checkbox"/> Psychiatric Evaluation<input type="checkbox"/> Sex Offender Evaluation<input type="checkbox"/> Other: <input type="text"/>		

5. Under Available Level of Care you must check at least one box under this section. The different subsections are:
- Non-Residential Services
 - Residential Services
 - Emergency Services
 - Behavioral Health Services

Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Available Level of Care in the Standardized Model.

6. The third section includes the ASAM PPC-IIR (Behavioral Health), AXIS DSM IV Diagnosis (Mental Health) and GAF Score.

ASAM PPC-IIR:

Using ASAM PPC-IIR Criteria, please indicate areas of continued concern:

Dimension 1: Acute Intoxication/Withdrawal Potential: ▼

Dimension 2: Biomedical Conditions and Complications: ▼

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications: ▼

Dimension 4: Readiness to Change: ▼

Dimension 5: Relapse; Continued Problem Potential: ▼

Dimension 6: Recovery Environment: ▼

AXIS DSM IV Diagnosis:

Please identify the various AXIS dimensions:

AXIS I:
Add
Search by MHD code, description or category

AXIS II:
Add
Search by MHD code, description or category

AXIS III:
Add

AXIS IV:
Add ▼

Global Assessment of Functioning (GAF)

Current:

Highest level past year:

7. ASAM PPC-IIR Criteria, *each* Dimension *is required* to be filled in. The pull-down options for this section are as follows:
- Low
 - Medium
 - High

Please remember Low = Good, low concern; High = Poor, high concern in the area.

8. AXIS DSM IV Diagnosis Criteria, *each* AXIS *is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.
9. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.

10. The fourth section includes the Current Medications, Client/Family Response to Recommendation, Other Recommendations/Comments and Provider Authentication.

Current Medication

Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
No records found.						

Add

Client and Family Response to Recommendation(s):

Client:

☐ In agreement with recommendations (i.e., amenable to recommendations)

☐ Not in agreement with recommendations

Family:

☐ In agreement with recommendations (i.e., amenable to recommendations)

☐ Not applicable

☐ Not in agreement with recommendations

Other Recommendations/Comments

☐ Check to allow any comment entered to be sent to the Problem-Solving Court

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

Save


Cancel

11. Under Current Medication, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.
- Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.
12. Under Client and Family Responses to Recommendation(s), **Select** an option for each of Client and Family indicating their response to your recommendations.
- If family is not applicable to the Client, **Select** Not applicable under Family.
13. Under Other Recommendations/Comments, enter any other recommendations for the client or comments for the officer.
- If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
14. Finally, under Provider Authentication read the statement and **Check** I Agree.
15. Once all data is entered, **Click** Save.
- You will be able to **Edit**, if needed, prior to completing the evaluation.
 - You may **Delete**, if needed, prior to completing the evaluation.
 - If you are ready to complete the evaluation, see Complete Evaluation Report section, below.

Juvenile Who Sexually Harm (JSH) Evaluation

1. The JSH Evaluation Assessment form is divided into four sections. The first section includes Date Ordered, Client/Family Ability to Pay, AXIS DSM IV Diagnosis, GAF, Assessments Utilized, Generalized Risk to Re-offend and Current Medications.

Save Cancel

*Date Evaluation Ordered:  mm/dd/ccyy


Client/Family Availability to Pay:

AXIS DSM IV Diagnosis:
Please identify the various AXIS dimensions:

AXIS I:
Add Search by MHD code, description or category

AXIS II:
Add Search by MHD code, description or category


AXIS III:
Add

AXIS IV: 
Add

Global Assessment of Functioning (GAF)

Current: Highest level past year:

Assessments Utilized:

*Generalized Risk to Re-offend: 

Current Medication(s)

Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
No records found.						

Add

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.

3. AXIS DSM IV Diagnosis Criteria, *each* AXIS *is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.
4. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.
5. Under Assessments Utilized, list all JSH specific assessments used to determine the Re-offense Risk.
6. For Generalized Risk to Re-offend, select the appropriate risk level of the offender to re-offend as determined by your assessments.

Please remember Low = Good, low risk; High = Poor, high risk to re-offend.

7. Under Current Medication, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.
 - a. Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.
8. The second section includes the Ideal Level of Care.

Recommended Level of Care:
IDEAL Level of Care and Services (select at least one)

<p>Non-Residential Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care Monitoring <input type="checkbox"/> Community Support <input type="checkbox"/> Community Treatment Aide (CTA) <input type="checkbox"/> Day Treatment (DT) <input type="checkbox"/> Intensive Outpatient Program <input type="checkbox"/> Intervention <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Partial Care <input type="checkbox"/> Prevention & Education 	<p>Residential Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Halfway House or SUD Group Home <input type="checkbox"/> Partial Hospitalization (PHP) <input type="checkbox"/> Professional Resource Family Care (PRFC) <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF) <input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center <input type="checkbox"/> Short Term Residential <input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home 	<p>Emergency Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crisis Phone Line <input type="checkbox"/> Emergency Crisis Stabilization <input type="checkbox"/> Emergency Shelter or Respite <input type="checkbox"/> Medical Detox <input type="checkbox"/> Mobile Crisis/Crisis Response Team
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Behavioral Health Services

- ☐ Medical Evaluation
- ☐ Mental Health Evaluation
- ☐ Psychiatric Evaluation
- ☐ Psychological Evaluation
- ☐ Substance Abuse Evaluation
- ☐ Other:

9. Under Ideal Level of Care you must check at least one box under this section. The different subsections are:
 - a. Non-Residential Services
 - b. Residential Services
 - c. Emergency Services
 - d. Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Ideal Level of Care in Juvenile Services.*

10. The third section includes the Available Level of Care.

AVAILABLE Level of Care and Services (select at least one)		
Non-Residential Services	Residential Services	Emergency Services
<input type="checkbox"/> Care Monitoring	<input type="checkbox"/> Halfway House or SUD Group Home	<input type="checkbox"/> Crisis Phone Line
<input type="checkbox"/> Community Support	<input type="checkbox"/> Partial Hospitalization (PHP)	<input type="checkbox"/> Emergency Crisis Stabilization
<input type="checkbox"/> Community Treatment Aide (CTA)	<input type="checkbox"/> Professional Resource Family Care (PRFC)	<input type="checkbox"/> Emergency Shelter or Respite
<input type="checkbox"/> Day Treatment (DT)	<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)	<input type="checkbox"/> Medical Detox
<input type="checkbox"/> Intensive Outpatient Program	<input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center	<input type="checkbox"/> Mobile Crisis/Crisis Response Team
<input type="checkbox"/> Intervention	<input type="checkbox"/> Short Term Residential	
<input type="checkbox"/> Outpatient Treatment	<input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home	
<input type="checkbox"/> Partial Care		
<input type="checkbox"/> Prevention & Education		
Behavioral Health Services		
<input type="checkbox"/> Medical Evaluation		
<input type="checkbox"/> Mental Health Evaluation		
<input type="checkbox"/> Psychiatric Evaluation		
<input type="checkbox"/> Psychological Evaluation		
<input type="checkbox"/> Substance Abuse Evaluation		
<input type="checkbox"/> Other: <input type="text"/>		

11. Under Ideal Level of Care you must check at least one box under this section. The different subsections are:

- Non-Residential Services
- Residential Services
- Emergency Services
- Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Available Level of Care in Juvenile Services.*

12. The fourth section includes the Client and Family Response to Recommendations, Other Recommendations/Comments, and Provider Authentication.

Client and Family Response to Recommendation(s):

Client:

☐ In agreement with recommendations (i.e., amenable to recommendations)

☐ Not in agreement with recommendations

Family:

☐ In agreement with recommendations (i.e., amenable to recommendations)

☐ Not applicable

☐ Not in agreement with recommendations

Other Recommendations/Comments:

☐ Check to allow any comment entered to be sent to the Problem-Solving Court

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

13. Under Client and Family Responses to Recommendation(s), **Select** an option for each of Client and Family indicating their response to your recommendations.
- a. If family is not applicable to the Client, **Select** Not applicable under Family.
14. Under Other Recommendations/Comments, enter any other recommendations for the client or comments for the officer.
- a. If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
15. Finally, under Provider Authentication read the statement and **Check** I Agree.
16. Once all data is entered, **Click** Save.
- a. You will be able to **Edit**, if needed, prior to completing the evaluation.
- b. You may **Delete**, if needed, prior to completing the evaluation.
- c. If you are ready to complete the evaluation, see Complete Evaluation Report section, below.


Medication Management Evaluation

1. The Medication Management Evaluation form is divided into two sections. The first section includes the Evaluation Order, AXIS DSM IV Diagnosis (Mental Health) and GAF Score.

Save

Cancel

*Date Client Care Initiated:

 mm/dd/ccyy

Client/Family Availability to Pay:

AXIS DSM IV Diagnosis:

Please identify the various AXIS dimensions:

AXIS I:

Add

Search by MHD code, description or category

AXIS II:

Add


Search by MHD code, description or category

AXIS III:

Add

AXIS IV:

Add



Global Assessment of Functioning (GAF)

Current:

Highest level past year:

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.
3. AXIS DSM IV Diagnosis Criteria, *each AXIS is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.
4. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.

5. The second section includes Psychotropic Medications, Current Symptomology and Provider Authentication.

Psychotropic Medications

Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
No records found.						

Add

Current Symptomology

☐ Check to allow any comment entered to be sent to the Problem-Solving Court.

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

Save

Cancel

6. Under Psychotropic Medications, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.
- Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.
7. Under Current Symptomology, enter the current symptomology experienced by the offender.
- If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
8. Finally, under Provider Authentication read the statement and **Check** I Agree.
9. Once all data is entered, **Click** Save.
- You will be able to **Edit**, if needed, prior to completing the evaluation.
 - You may **Delete**, if needed, prior to completing the evaluation.
 - If you are ready to complete the evaluation, see Complete Evaluation Report section, below.

Mental Status Exam (MSE) Evaluation

1. The Mental Status Exam (MSE) Evaluation form is divided into two sections. The first section includes the Evaluation Order and AXIS DSM IV Diagnosis (Mental Health).

Evaluation Order

*Date Ordered: mm/dd/ccyy

AXIS DSM IV Diagnosis:

Please identify the various AXIS dimensions:

AXIS I:
Add Search by MHD code, description or category

AXIS II:
Add Search by MHD code, description or category

AXIS III:
Add

AXIS IV:
Add

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.
3. AXIS DSM IV Diagnosis Criteria, *each AXIS is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.

4. The second section includes GAF Score and Comments for the Officer or Court (used in Problem-Solving Court Updates).

Global Assessment of Functioning (GAF)
Current: Highest level past year:
Comments

☐ Check to allow any comment entered to be sent to the Court

Save

Cancel

5. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.
6. Under Comments, enter any other recommendations for the client or comments for the officer.
 - a. If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
7. Once all data is entered, **Click Save**.
 - a. You will be able to **Edit**, if needed, prior to completing the evaluation.
 - b. You may **Delete**, if needed, prior to completing the evaluation.
 - c. If you are ready to complete the evaluation, see Complete Evaluation Report section, below.


Pre-Treatment Evaluation

1. The Pre-Treatment Evaluation form is divided into four sections. The first section includes the Evaluation Order, AXIS DSM IV Diagnosis (Mental Health), GAF score and Current Medications.

Save

Cancel

*Date Evaluation Ordered:

 mm/dd/ccyy

Client/Family Availability to Pay:

AXIS DSM IV Diagnosis:

Please identify the various AXIS dimensions:

AXIS I:

Add

Search by MHD code, description or category

AXIS II:


Add

Search by MHD code, description or category

AXIS III:

Add

AXIS IV:



Add

Global Assessment of Functioning (GAF)

Current:

Highest level past year:

Current Medication(s)

Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
No records found.						

Add

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.
3. AXIS DSM IV Diagnosis Criteria, *each AXIS is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.
4. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.
5. Under Current Medications, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.
 - a. Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.

6. The second section includes the Ideal Level of Care.

Recommended Level of Care:		
IDEAL Level of Care and Services (select at least one)		
Non-Residential Services	Residential Services	Emergency Services
<input type="checkbox"/> Care Monitoring	<input type="checkbox"/> Halfway House or SUD Group Home	<input type="checkbox"/> Crisis Phone Line
<input type="checkbox"/> Community Support	<input type="checkbox"/> Partial Hospitalization (PHP)	<input type="checkbox"/> Emergency Crisis Stabilization
<input type="checkbox"/> Community Treatment Aide (CTA)	<input type="checkbox"/> Professional Resource Family Care (PRFC)	<input type="checkbox"/> Emergency Shelter or Respite
<input type="checkbox"/> Day Treatment (DT)	<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)	<input type="checkbox"/> Medical Detox
<input type="checkbox"/> Intensive Outpatient Program	<input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center	<input type="checkbox"/> Mobile Crisis/Crisis Response Team
<input type="checkbox"/> Intervention	<input type="checkbox"/> Short Term Residential	
<input type="checkbox"/> Outpatient Treatment	<input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home	
<input type="checkbox"/> Partial Care		
<input type="checkbox"/> Prevention & Education		
Behavioral Health Services		
<input type="checkbox"/> Medical Evaluation		
<input type="checkbox"/> Psychiatric Evaluation		
<input type="checkbox"/> Psychological Evaluation		
<input type="checkbox"/> Sex Offender Evaluation		
<input type="checkbox"/> Substance Abuse Evaluation		
<input type="checkbox"/> Other: <input type="text"/>		

7. Under Ideal Level of Care you must check at least one box under this section. The different subsections are:
- Non-Residential Services
 - Residential Services
 - Emergency Services
 - Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Ideal Level of Care in Juvenile Services.*

8. The third section includes Available Level of Care.

AVAILABLE Level of Care (select at least one)		
Non-Residential Services	Residential Services	Emergency Services
<input type="checkbox"/> Care Monitoring	<input type="checkbox"/> Halfway House or SUD Group Home	<input type="checkbox"/> Crisis Phone Line
<input type="checkbox"/> Community Support	<input type="checkbox"/> Partial Hospitalization (PHP)	<input type="checkbox"/> Emergency Crisis Stabilization
<input type="checkbox"/> Community Treatment Aide (CTA)	<input type="checkbox"/> Professional Resource Family Care (PRFC)	<input type="checkbox"/> Emergency Shelter or Respite
<input type="checkbox"/> Day Treatment (DT)	<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)	<input type="checkbox"/> Medical Detox
<input type="checkbox"/> Intensive Outpatient Program	<input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center	<input type="checkbox"/> Mobile Crisis/Crisis Response Team
<input type="checkbox"/> Intervention	<input type="checkbox"/> Short Term Residential	
<input type="checkbox"/> Outpatient Treatment	<input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home	
<input type="checkbox"/> Partial Care		
<input type="checkbox"/> Prevention & Education		
Behavioral Health Services		
<input type="checkbox"/> Medical Evaluation		
<input type="checkbox"/> Psychiatric Evaluation		
<input type="checkbox"/> Psychological Evaluation		
<input type="checkbox"/> Sex Offender Evaluation		
<input type="checkbox"/> Substance Abuse Evaluation		
<input type="checkbox"/> Other: <input type="text"/>		

9. Under Available Level of Care you must check at least one box under this section. The different subsections are:
- Non-Residential Services
 - Residential Services
 - Emergency Services
 - Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Available Level of Care in Juvenile Services.*

10. The fourth section includes Client and Family Response to Recommendations, Other Recommendations/Comments and Provider Authentication.

Client and Family Response to Recommendation(s):
Client:
☐ In agreement with recommendations (i.e., amenable to recommendations)
☐ Not in agreement with recommendations
Family:
☐ In agreement with recommendations (i.e., amenable to recommendations)
☐ Not applicable
☐ Not in agreement with recommendations

Other Recommendations/Comments:

☐ Check to allow any comment entered to be sent to the Problem-Solving Court

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation


Save

Cancel

11. Under Client and Family Responses to Recommendation(s), **Select** an option for each of Client and Family indicating their response to your recommendations.
- If family is not applicable to the Client, **Select** Not applicable under Family.
12. Under Other Recommendations/Comments, enter any other recommendations for the client or comments for the officer.
- If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
13. Finally, under Provider Authentication read the statement and **Check** I Agree.
14. Once all data is entered, **Click** Save.
- You will be able to **Edit**, if needed, prior to completing the evaluation.
 - You may **Delete**, if needed, prior to completing the evaluation.
 - If you are ready to complete the evaluation, see Complete Evaluation Report section, below.

Psychological Evaluation

1. The Psychological Evaluation form is divided into four sections. The first section includes the Evaluation Order, AXIS DSM IV Diagnosis, GAF score, Instruments used for Psychological Testing and Current Medications.

*Date Evaluation Ordered:  mm/dd/ccyy


Client/Family Availability to Pay:

AXIS DSM IV Diagnosis:
Please identify the various AXIS dimensions:

AXIS I:
Add Search by MHD code, description or category

AXIS II:
Add Search by MHD code, description or category

AXIS III:
Add

AXIS IV: 
Add

Global Assessment of Functioning (GAF)

Current: Highest level past year:

Instruments used for Psychological Testing?

Current Medication(s)

Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
No records found.						

Add

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.
3. AXIS DSM IV Diagnosis Criteria, *each* AXIS *is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.

4. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.
5. For Instruments used for Psychological Testing, list all instruments that were used to psychologically evaluate the offender.
6. Under Current Medications, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.
 - a. Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.
7. The second section includes Ideal Level of Care.

Recommended Level of Care: IDEAL Level of Care and Services (select at least one)		
Non-Residential Services <input type="checkbox"/> Care Monitoring <input type="checkbox"/> Community Support <input type="checkbox"/> Community Treatment Aide (CTA) <input type="checkbox"/> Day Treatment (DT) <input type="checkbox"/> Intensive Outpatient Program <input type="checkbox"/> Intervention <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Partial Care <input type="checkbox"/> Prevention & Education	Residential Services <input type="checkbox"/> Halfway House or SUD Group Home <input type="checkbox"/> Partial Hospitalization (PHP) <input type="checkbox"/> Professional Resource Family Care (PRFC) <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF) <input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center <input type="checkbox"/> Short Term Residential <input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home	Emergency Services <input type="checkbox"/> Crisis Phone Line <input type="checkbox"/> Emergency Crisis Stabilization <input type="checkbox"/> Emergency Shelter or Respite <input type="checkbox"/> Medical Detox <input type="checkbox"/> Mobile Crisis/Crisis Response Team
Behavioral Health Services <input type="checkbox"/> Medical Evaluation <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Sex Offender Evaluation <input type="checkbox"/> Substance Abuse Evaluation <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>		

8. Under Ideal Level of Care you must check at least one box under this section. The different subsections are:
 - a. Non-Residential Services
 - b. Residential Services
 - c. Emergency Services
 - d. Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Ideal Level of Care in Juvenile Services.*

9. The third section includes Available Level of Care.

AVAILABLE Level of Care (select at least one)		
Non-Residential Services	Residential Services	Emergency Services
<input type="checkbox"/> Care Monitoring	<input type="checkbox"/> Halfway House or SUD Group Home	<input type="checkbox"/> Crisis Phone Line
<input type="checkbox"/> Community Support	<input type="checkbox"/> Partial Hospitalization (PHP)	<input type="checkbox"/> Emergency Crisis Stabilization
<input type="checkbox"/> Community Treatment Aide (CTA)	<input type="checkbox"/> Professional Resource Family Care (PRFC)	<input type="checkbox"/> Emergency Shelter or Respite
<input type="checkbox"/> Day Treatment (DT)	<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)	<input type="checkbox"/> Medical Detox
<input type="checkbox"/> Intensive Outpatient Program	<input type="checkbox"/> SUD Extended Residential or SUD Residential Treatment Center	<input type="checkbox"/> Mobile Crisis/Crisis Response Team
<input type="checkbox"/> Intervention	<input type="checkbox"/> Short Term Residential	
<input type="checkbox"/> Outpatient Treatment	<input type="checkbox"/> Therapeutic Group Home (ThGH) or SUD Therapeutic Group Home	
<input type="checkbox"/> Partial Care		
<input type="checkbox"/> Prevention & Education		
Behavioral Health Services		
<input type="checkbox"/> Medical Evaluation		
<input type="checkbox"/> Psychiatric Evaluation		
<input type="checkbox"/> Psychological Evaluation		
<input type="checkbox"/> Sex Offender Evaluation		
<input type="checkbox"/> Substance Abuse Evaluation		
<input type="checkbox"/> Other: <input type="text"/>		

10. Under Available Level of Care you must check at least one box under this section. The different subsections are:

- Non-Residential Services
- Residential Services
- Emergency Services
- Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Available Level of Care in Juvenile Services.*

11. The fourth section includes the Client and Family Response to Recommendations, Other Recommendations/Comments and Provider Authentication.

Client and Family Response to Recommendation(s):

Client:

☐ In agreement with recommendations (i.e., amenable to recommendations)

☐ Not in agreement with recommendations

Family:

☐ In agreement with recommendations (i.e., amenable to recommendations)

☐ Not applicable

☐ Not in agreement with recommendations

Other Recommendations/Comments:

☐ Check to allow any comment entered to be sent to the Problem-Solving Court

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

12. Under Client and Family Responses to Recommendation(s), **Select** an option for each of Client and Family indicating their response to your recommendations.
- a. If family is not applicable to the Client, **Select** Not applicable under Family.
13. Under Other Recommendations/Comments, enter any other recommendations for the client or comments for the officer.
- a. If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
14. Finally, under Provider Authentication read the statement and **Check** I Agree.
15. Once all data is entered, **Click Save**.
- a. You will be able to **Edit**, if needed, prior to completing the evaluation.
- b. You may **Delete**, if needed, prior to completing the evaluation.
- c. If you are ready to complete the evaluation, see Complete Evaluation Report section, below.

Psychiatric Initial Diagnostic Interview (IDI) Evaluation

1. The Psychiatric IDI Evaluation form is divided into three sections. The first section includes the Evaluation Order and Ideal Level of Care.

Save
Cancel

Evaluation Order

*Date Ordered: mm/dd/ccyy

IDEAL Level of Care (select at least one)

<h4>Non-Residential Services</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Care Monitoring <input type="checkbox"/> Community Support <input type="checkbox"/> Intensive Out-Patient Counseling <input type="checkbox"/> Intervention <input type="checkbox"/> Methadone Maintenance <input type="checkbox"/> Out-Patient Counseling Family <input type="checkbox"/> Out-Patient Counseling Group <input type="checkbox"/> Out-Patient Counseling Individual <input type="checkbox"/> Partial Care <input type="checkbox"/> Prevention & Education 	<h4>Residential Services</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Dual Residential <input type="checkbox"/> Extended Residential <input type="checkbox"/> Halfway House <input type="checkbox"/> Short Term Residential <input type="checkbox"/> Therapeutic Community 	<h4>Emergency Services</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Civil Protective Custody (CPC) <input type="checkbox"/> Crisis Phone Line <input type="checkbox"/> Emergency Community Support <input type="checkbox"/> Emergency Protective Custody (EPC) <input type="checkbox"/> Emergency Stabilization & Treatment <input type="checkbox"/> Medical Detox <input type="checkbox"/> Mobile Crisis/Crisis Response Team <input type="checkbox"/> SA Emergency Shelter or SA Respite <input type="checkbox"/> Social Detox
---	---	---

<h4>Mental Health Services</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Day Treatment <input type="checkbox"/> Enhanced Treatment Group Home <input type="checkbox"/> Family <input type="checkbox"/> Group <input type="checkbox"/> Individual/Psych <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Treatment Group Home <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/> 	<h4>Behavioral Health Services</h4> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Evaluation <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Sex Offender Evaluation <input type="checkbox"/> Substance Abuse Evaluation <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>
---	--

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
3. Under Ideal Level of Care you must check at least one box under this section. The different subsections are:
 - a. Non-Residential Services
 - b. Residential Services
 - c. Emergency Services
 - d. Behavioral Health Services

Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Ideal Level of Care in Juvenile Services.

4. The second section includes Available Level of Care.

AVAILABLE Level of Care (select at least one)		
Non-Residential Services	Residential Services	Emergency Services
<input type="checkbox"/> Care Monitoring	<input type="checkbox"/> Dual Residential	<input type="checkbox"/> Civil Protective Custody (CPC)
<input type="checkbox"/> Community Support	<input type="checkbox"/> Extended Residential	<input type="checkbox"/> Crisis Phone Line
<input type="checkbox"/> Intensive Out-Patient Counseling	<input type="checkbox"/> Halfway House	<input type="checkbox"/> Emergency Community Support
<input type="checkbox"/> Intervention	<input type="checkbox"/> Short Term Residential	<input type="checkbox"/> Emergency Protective Custody (EPC)
<input type="checkbox"/> Methadone Maintenance	<input type="checkbox"/> Therapeutic Community	<input type="checkbox"/> Emergency Stabilization & Treatment
<input type="checkbox"/> Out-Patient Counseling Family		<input type="checkbox"/> Medical Detox
<input type="checkbox"/> Out-Patient Counseling Group		<input type="checkbox"/> Mobile Crisis/Crisis Response Team
<input type="checkbox"/> Out-Patient Counseling Individual		<input type="checkbox"/> SA Emergency Shelter or SA Respite
<input type="checkbox"/> Partial Care		<input type="checkbox"/> Social Detox
<input type="checkbox"/> Prevention & Education		
Mental Health Services	Behavioral Health Services	
<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Medical Evaluation	
<input type="checkbox"/> Enhanced Treatment Group Home	<input type="checkbox"/> Psychiatric Evaluation	
<input type="checkbox"/> Family	<input type="checkbox"/> Psychological Evaluation	
<input type="checkbox"/> Group	<input type="checkbox"/> Sex Offender Evaluation	
<input type="checkbox"/> Individual/Psych	<input type="checkbox"/> Substance Abuse Evaluation	
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Other: <input type="text"/>	
<input type="checkbox"/> Residential Treatment		
<input type="checkbox"/> Treatment Group Home		
<input type="checkbox"/> Other: <input type="text"/>		

5. Under Available Level of Care you must check at least one box under this section. The different subsections are:

- Non-Residential Services
- Residential Services
- Emergency Services
- Behavioral Health Services

*Please note that you **do not** have to check one box under each subsection a, b, c, or d. Check all that applies to this individual's course of treatment as outlined for Available Level of Care in Juvenile Services.*

6. The third section includes AXIS DSM IV Diagnosis, GAF score, Prescription Recommendation, and Comments.

AXIS DSM IV Diagnosis:
Please identify the various AXIS dimensions:

AXIS I:
Add
Search by MHD code, description or category

AXIS II:
Add
Search by MHD code, description or category

AXIS III:
Add

AXIS IV:
Add ▼

Global Assessment of Functioning (GAF)

Current: Highest level past year:

Prescription Recommendation

Medication Brand Name	Dosage	Frequency	Reason for Medication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

Comments

☐ Check to allow any comment entered to be sent to the Court

7. AXIS DSM IV Diagnosis Criteria, *each AXIS is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.
8. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.
9. Under Prescription Recommendation, **Enter** the Medication Brand Name, Dosage, Frequency and Reason for Medication if applicable.
- Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.
10. Under Comments, enter any other recommendations for the client or comments for the officer.
- If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area.
11. Once all data is entered, **Click Save**.


- a. You will be able to **Edit**, if needed, prior to completing the evaluation.
- b. You may **Delete**, if needed, prior to completing the evaluation.
- c. If you are ready to complete the evaluation, see Complete Evaluation Report section, below.

Relative/Kinship Home Assessment Evaluation

1. The Relative/Kinship Home Assessment form is divided into four sections. The first section includes the Evaluation Order, Type of Home Assessment and Address of Home Assessment.

SaveCancel

Please complete all information

Date of Evaluation:  mm/dd/ccyy

Client/Family Availability to Pay:


Type of Home Assessment

☐ Relative ☐ Kinship

Address of Home Assessment

Address:

City:

State: 

Zip:

2. Under Evaluation Order you need to **Enter** the following:
 - a. Date Evaluation Ordered (*required field*): is the date the Courts ordered the evaluation or first point of contact from the client, i.e. when they called for their appointment.
 - b. Client/Family Ability to Pay Amount: is the total amount for this Evaluation that the Client or the Family has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - i. Enter as dollars and cents.
 - ii. If the Client or Family is unable to pay, leave the amount as 0.00.
 3. For Type of Home Assessment, **Select** either Relative or Kinship for the Home Assessment Type.
 4. Under Address of Home Assessment, **Enter** Address, City, State, and Zip of the Home Assessment
5. The second section includes Home Occupants.

Home Occupants [Add](#)

First Name	Last Name	Gender	Age	Relationship to Child	Action
No records found.					

6. To add a Home Occupant, **Click** Add next to Home Occupants. This will open a new page for you to fill out information regarding the occupant.

Home Occupant

Input error(s) on page. Please make necessary corrections.

* - Required input

*Last Name:

*First Name:

*Gender:

☐ FEMALE
☐ MALE

*Age:

Relationship to Child:

Background Check

(Required if Home Occupant is 13 or older)

Add

Background check	Comment	Action
No records found.		

Save

Cancel

7. On the page, **Enter** Last Name, First Name, Gender, Age, and Relationship to Child as pertains to the occupant.
8. If the occupant is 13 years or older, a Background Check must be added for the occupant. **Click** Add next to Background Check. This will open a new page to enter the information regarding the background check.

Background Check

Input error(s) on page. Please make necessary corrections.

* - Required input

*Background Check:

*Comment:

Save

Cancel

9. On the new page, **Select** Background Check and **Enter** a Comment.
10. When finished entering the background check information, **Click** Save. This will return you to the Home Occupant page. You can enter multiple Background Checks for the same occupant from the Home Occupant Page.
11. When finished entering information on the Home Occupant, **Click** Save. This will return you to the main assessment page.
12. If there are multiple occupants, add each occupant and fill out the information as above for each occupant.

13. The third section includes Concerns regarding Living Arrangements and Strengths and Limitations of the home.

Were there concerns regarding Living Arrangements?
☐ Yes ☐ No

Strengths of the home:

Limitation of the home:

14. Under Were there concerns ..., **Select** the appropriate answer.
15. For Strengths of the home and Limitations of the home, **Enter** comments regarding the strengths and limitations of the home, respectively.
16. The fourth section includes Recommendations and Provider Authentication.

Recommendations:
Do you recommend the juvenile be placed in this home? ☐ Yes ☐ No
Comment:

☐ Check to allow any comment entered to be sent to the Problem-Solving Court

Provider Authentication
Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.
☐ I Agree
HelpDesk, Probation

Save

Cancel

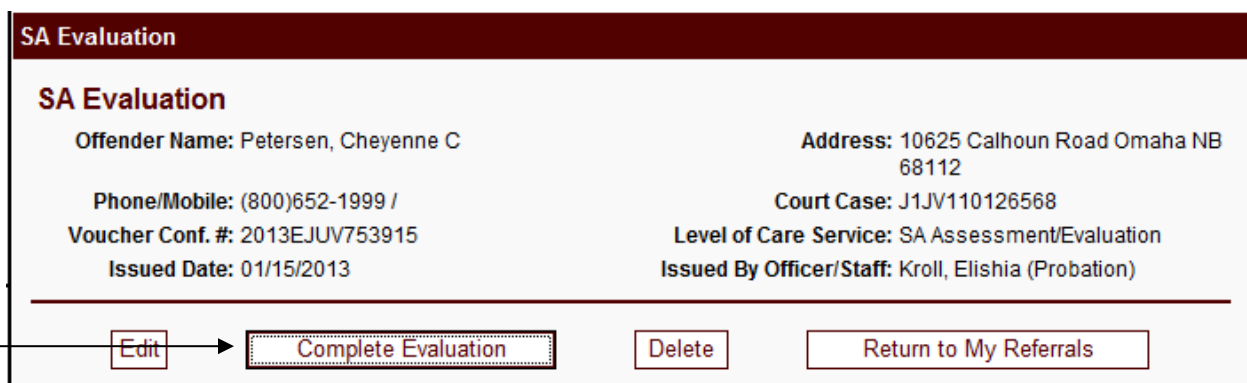
17. For Recommendations, **Select** whether or not you recommend the juvenile be placed into this home and **Enter** a comment regarding your decision.

18. Below Recommendations is a checkbox. **Check** this box if you want comments you entered to be sent to the Problem-Solving Court for a Problem-Solving Court participant.
19. Finally, under Provider Authentication read the statement and **Check** I Agree.
20. Once all data is entered, **Click Save**.
 - a. You will be able to **Edit**, if needed, prior to completing the evaluation.
 - b. You may **Delete**, if needed, prior to completing the evaluation.
 - c. If you are ready to complete the evaluation, see Complete Evaluation Report section, below.

Completing Evaluation Report

The following steps apply to all the report types listed above.

1. You may **Click Save** at any time without filling out the Evaluation Completion section and return to it at a later time.
2. When returning to an Evaluation that is not complete, you will repeat Step 1 in order to access the Evaluation that you want to finish.
 - a. **Click Edit** to finish the Evaluation process.
 - b. **Click Delete** to start over with a new Evaluation.
3. Once you save your Evaluation, you will have the option to Complete Evaluation. If the Evaluation is completed, **Click Complete Evaluation**.



SA Evaluation

SA Evaluation

Offender Name: Petersen, Cheyenne C Address: 10625 Calhoun Road Omaha NB 68112

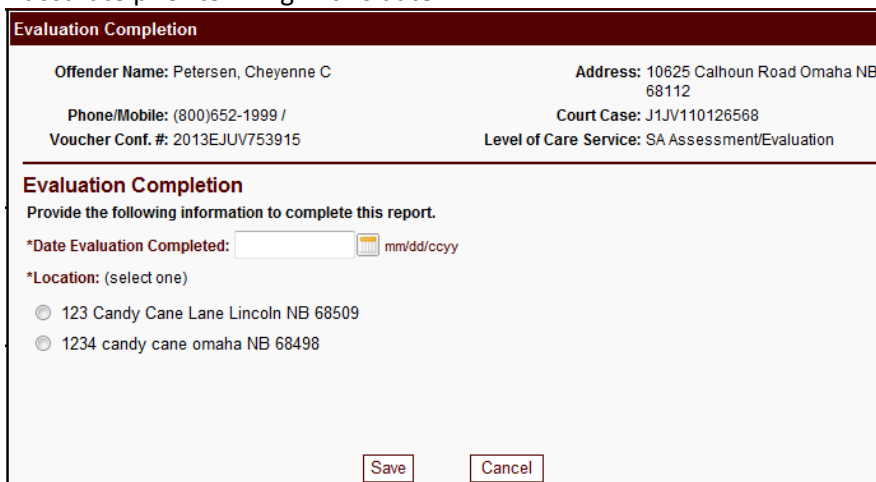
Phone/Mobile: (800)652-1999 / Court Case: J1JV110126568

Voucher Conf. #: 2013EJUV753915 Level of Care Service: SA Assessment/Evaluation

Issued Date: 01/15/2013 Issued By Officer/Staff: Kroll, Elishia (Probation)

→

4. Under Evaluation Completion, **Enter** the *Date* the evaluation was completed. Also, if you have multiple locations, you will need to **Select** the *Location* the service was completed.
 - a. Keep in mind once this date is entered and you **Click Save**, you will not be able to go back and change the previous information entered. Therefore, make sure the Evaluation is complete and accurate prior to filling in this date.



Evaluation Completion

Offender Name: Petersen, Cheyenne C Address: 10625 Calhoun Road Omaha NB 68112

Phone/Mobile: (800)652-1999 / Court Case: J1JV110126568

Voucher Conf. #: 2013EJUV753915 Level of Care Service: SA Assessment/Evaluation

Evaluation Completion

Provide the following information to complete this report.

*Date Evaluation Completed: mm/dd/ccyy

*Location: (select one)

☐ 123 Candy Cane Lane Lincoln NB 68509

☐ 1234 candy cane omaha NB 68498

5. If an Explanation of Benefits (EOB) is required before completion, you will be prompted to Upload EOB Document. **Click the Upload EOB Document button.**

Edit
Upload EOB Document
Delete
Return to My Referrals

6. When the Upload EOB Document button is selected, you will be brought to this screen to upload.
- Click the Add button.** When you click this, you will be taken to your computer drives to select the EOB to be uploaded.
 - After EOB is selected, **click the Upload EOB Document button.**
 - If you select the wrong EOB, you can select the Upload EOB Document button again to reselect a different document. This must be done prior to completing the evaluation.
 - Once the EOB has been uploaded, you can then **select** the Complete Evaluation button, to complete the process identified above.

*** - Required input**

- EOB Document uploaded must be in pdf format, with *.pdf file extension. All other file types will be ignored.
- All EOB's associated with the reporting period must be scanned into one PDF document for upload.
- Click "Upload EOB Document" to complete the upload.
- Any previously uploaded EOB document will be REPLACED.

+ Add...
✖ Clear All

***EOB Document:**

C:\fakepath\Test EOB.pdf

Done Clear

Upload EOB Document
Cancel

7. Under My Referrals you will see the Completion Status change accordingly when you fill out the Evaluation Completion section of the form.

2013EJUV753915	SA Assessment/Evaluation	Petersen, Cheyenne C (Client Detail)	Successfully completed	Kroll, Elishia	SP Completed	\$190.00	Kroll, Elishia
2013EJUV847124	Mental Status Exam (MSE)	Petersen, Cheyenne C (Client Detail)	Successfully completed	Kroll, Elishia	SP Completed	\$79.10	Kroll, Elishia

8. The different Completion Statuses are also found in My Referrals section of this manual, these will become more meaningful in the Monthly Progress Reports section of the manual.
- Terminated Unsuccessfully
 - Referred to a higher Level of Care
 - Successfully Completed
 - Continuing Treatment

Variances on the Evaluation Form screen

1. *Save without filling out the required areas:* The system will notify you beside each line and indicate in **Red** what needs to be completed.


Note: This screen does not show the report in its entirety as not all areas are affected by these messages.

Save

Cancel

Input error(s) on page. Please make necessary corrections.

Evaluation Order

*Date Ordered:  mm/dd/ccyy **Please provide a value**

IDEAL Level of Care (select at least one)

Please make at least one selection


AVAILABLE Level of Care (select at least one)

Please make at least one selection

Evaluation Completion

Provide the following information to complete this report.

Input error(s) on page. Please make necessary corrections.

*Date Evaluation Completed:  mm/dd/ccyy **Please provide a value**

*Location: (select one)

☐ 123 Candy Cane Lane Lincoln NB 68509

☐ 1234 candy cane omaha NB 68498

Please identify a location where service was rendered

Monthly Treatment Progress Reports

This section allows you to add a Monthly Progress Report based on the process for the selected Client/Voucher combination, for the following:

- a. Substance Abuse (SA) Treatment
- b. Juvenile Mental Health Treatment
- c. Juvenile Treatment Report

This information will be provided for Probation Officers to review when you have completed the report in full.

1. Select the Client/Voucher you wish to locate from the *My Referrals* section. **Click** on the hyperlink under *LOC Service*.

Voucher Conf #	LoC Service	Client	Completion Status	SP Name	Status	Amount	Officer
2013TJUV249333	Electronic Monitoring GPS	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$1,080.00	Kroll, Elishia
2013TJUV380266	Spec. Psychiatric Residential Treatment Facility	Petersen, Cheyenne C		Kroll, Elishia	Accepted	\$9,210.00	Kroll, Elishia

2. The next screen will display the Offender and Voucher Information. **Click** *Add Monthly Progress Report* button when you have confirmed this is the correct Client/Voucher.

Juvenile Reports


Offender Name: Petersen, Cheyenne C	Address: 10625 Calhoun Road Omaha NB 68112
Phone/Mobile: (800)652-1999 /	Court Case: J1JV110126568
Voucher Conf. #: 2013TJUV380266	Level of Care Service: Spec. Psychiatric Residential Treatment Facility
Issued Date: 01/15/2013	Issued By Officer/Staff: Kroll, Elishia (Probation)


[Add Monthly Progress Report](#) [Return to My Referrals](#)

3. The system will then ask you to select the timeframe for the report. Keep in mind per the Standardized Model, reports must be a **maximum** of 30 days at a time. In addition, the Reporting period must be within the same Fiscal Year as the date of issuance of the Voucher. Fiscal Years run from July 1 to June 30, so if a voucher was issued between July 1, 2013 and June 30, 2014, the Reporting Period must be up to a 30 day timeframe within July 1, 2013 to June 30, 2014.
4. **Enter** the dates *From* and *To* and **Click Next**.

Treatment Reporting Period

Please indicate the Reporting Period:

*From :  mm/dd/ccyy

*To :  mm/dd/ccyy

5. The next screen will display the entire Treatment Report form. Please make note this is a lengthy form. The Save and Cancel buttons will be visible only at the beginning and end of the form.

Treatment Report

The Treatment Report form is divided into eight sections as outlined in the Standardized Model.

1. Attendance
2. Participation
3. Stage of Change
4. Family Engagement
5. Relapse Triggers
6. Criminogenic Risk/Needs Factors
7. ASAM PPC-IIR/AXIS DSM IV Diagnosis/GAF Score
8. Current Medications/Discharge Plan/Financial Information Changes/Provider Authentication

1. The first section includes Attendance.

Note: The Attendance information may be different based on the Level of Care of Treatment that you are providing. The differences you will notice are the reporting types for each category, i.e. Sessions, Days, and Hours.

Save

Cancel

Attendance

Please identify attendance based on reporting period from 09/18/2013 to 10/17/2013:

*Required Number for Juvenile during reporting period:

0

Session(s)

☐ Individual

☐ Treatment Group

☐ PsyEd Group

☐ Family

*Total Number Attended by Juvenile:

Session(s)


☐ Individual

☐ Treatment Group

☐ PsyEd Group

☐ Family

Anticipated Date of Discharge from this Level of Care:

 mm/ccyy

2. Under Attendance you need to **Enter** the following:
 - a. Required Number for Client:
 - i. The Total # of Session(s)/Hour(s)/Day(s) you required the Client to attend during this Reporting Period. *(required field)*
 - ii. **Select** the appropriate checkbox(es) based on what type of treatment (Individual/Treatment Group/PsyEd Group/Family) you required the Client to attend during this Reporting Period. *(required field)* Multiple selections are allowed.
 - b. Total Number Attended by Client:
 - i. The Total # of Sessions(s)/Hour(s)/Day(s) the Client actually attended during this Reporting Period. *(required field)*

- ii. **Select** the appropriate checkbox(es) based on what type of treatment (Individual/Treatment Group/PsyEd Group/Family) the Client actually attended during this Reporting Period. (*required field*) Multiple selections are allowed.
- c. Anticipated Date of Discharge from this Level of Care:
 - i. The date on which you anticipate the Client will be discharged from this Level of Care. (*required field*)

3. The second section displays Participation.

Participation (select the best single option)

The Juvenile's participation in the provided service during the reporting period 09/18/2013 to 10/17/2013 can be best described as:

- ☐ Gaining insight as demonstrated by responses, actively engages in sessions and completion of assignments. Actively engages in placement activities and contributes to a positive environment.
- ☐ Appears to be making progress as demonstrated by questions and engages somewhat in sessions and through assignments. Somewhat engages in placement activities and contributes minimally to a positive environment.
- ☐ Appears to be making only minimal progress and responds in sessions only when asked or applies minimal effort on all assignments. Engages minimally in placement activities and does not contribute or detract from a positive environment.
- ☐ Continues to be disengaged but is attending. Does not engage in placement activities, but is not disruptive.
- ☐ Uncooperative or disruptive.

4. Under Participation you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.

5. The third section displays Stage of Change.

Stage of Change (select the best single option)

The Juvenile's Stage of Change on the last day of the reporting period 09/18/2013 to 10/17/2013 was:

- ☐ Precontemplative
- ☐ Contemplative
- ☐ Planning
- ☐ Action
- ☐ Maintenance

***Factors contributing to current Stage of Change:**

6. Under Stage of Change you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.

7. Under Factors contributing to current State of Change, list all factors that are contributing to the current state of change.

8. The fourth section includes Family Engagement.

Family Engagement (select the best single option)

The family's participation in the provided service during the reporting period 09/18/2013 to 10/17/2013 can be best described as:

- ☐ Active-Interacts with the provider, is engaged in the outcomes and reinforces assignments. Regularly visits and calls if juvenile is in placement. These contacts generally contribute to the juvenile's positive participation in placement.
- ☐ Disengaged-does not interact with the provider, or work toward outcomes, but doesn't interfere with the juvenile attending the service. Lack of support often results in reduced participating in placement from the juvenile.
- ☐ Minimally active-Will respond to calls from the provider, but not engage on their own, is aware of the outcomes, but rarely reinforces assignments. Visits and phone calls are rare and often result in reduced participation in placement from the juvenile.
- ☐ Somewhat active-Will occasionally engage the provider on their own, is aware of the outcomes and reinforces assignments most of the time. Out of home visitation are irregular, but regularly calls, interactions may effect juvenile's participation positively and negatively.
- ☐ Uncooperative or disruptive

***Strategies to enhance family engagement:**

9. Under Family Engagement, you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.

10. Under Strategies to enhance Family Engagement, you need to **Enter** comments on how you can improve the Family's engagement.

11. The fifth section displays Relapse Triggers.

Relapse Triggers (select at least one)

Identify any relapse or relapse triggers for the individual during this reporting period 09/18/2013 to 10/17/2013 :(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Trouble thinking clearly | <input type="checkbox"/> Feeling that nothing can be solved |
| <input type="checkbox"/> Trouble managing feelings and emotions | <input type="checkbox"/> Compulsive behaviors |
| <input type="checkbox"/> Trouble remembering things | <input type="checkbox"/> Impulsive behavior |
| <input type="checkbox"/> Trouble managing stress | <input type="checkbox"/> Tendencies toward loneliness |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Tunnel vision |
| <input type="checkbox"/> Trouble with physical coordination | <input type="checkbox"/> Minor depression |
| <input type="checkbox"/> Feelings of shame, guilt and hopelessness | <input type="checkbox"/> Loss of constructive planning |
| <input type="checkbox"/> Believing "I'll never use again" | <input type="checkbox"/> Irregular eating habits |
| <input type="checkbox"/> Thinking about others instead of myself | <input type="checkbox"/> Lack of desire to take action |
| <input type="checkbox"/> Defensiveness | <input type="checkbox"/> Loss of daily structure |
| <input type="checkbox"/> Irregular attendance at Community Support Group Meetings | <input type="checkbox"/> Periods of deep depression |
| <input type="checkbox"/> Development of an "I don't care" attitude | <input type="checkbox"/> Complete loss of self-confidence |
| <input type="checkbox"/> Open rejection of help | <input type="checkbox"/> Deep resentments |
| <input type="checkbox"/> Feelings of powerlessness, helplessness or self-pity | <input type="checkbox"/> Discontinue all treatment and Community Support Groups |
| <input type="checkbox"/> Thoughts of social drinking | <input type="checkbox"/> Overwhelming loneliness, frustration, anger and tension |
| <input type="checkbox"/> Conscious lying | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> Loss of behavioral control | <input type="checkbox"/> Loss of control |
| <input type="checkbox"/> Return to "controlled" use | <input type="checkbox"/> Life problems |
| <input type="checkbox"/> Plans begin to fail | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Daydreaming and wishful thinking | |
| <input type="checkbox"/> Other: <input type="text"/> | |

12. Under Relapse Triggers you must **Check** at least one box under this section. You may **Check** more than one, if it applies during this reporting period.

13. The sixth section displays Criminogenic Risk/Need Factors.

Criminogenic Risk/Need Factors:

*How are you addressing the Criminogenic risk/need as identified in Client Detail?

*Summary of Juvenile's progress during this reporting period (09/18/2013 to 10/17/2013):

*Barriers (individual and/or family):

*Strengths (individual and/or family):

14. Under Criminogenic Risk/Need Factors, you need to fill out the four comment boxes.
- In the first comment box, explain how you are addressing the Juvenile's criminogenic risk and need.
 - In the second comment box, fill in a summary of the progress made by the Juvenile during the reporting period.
 - In the third comment box, identify the Juvenile's barriers.
 - In the fourth comment box, identify the Juvenile's strengths.
15. The seventh section includes ASAM PPC-IIR (Behavioral Health), AXIS DSM IV Diagnosis (Mental Health) and GAF Score

ASAM PPC-IIR:

Using ASAM PPC-IIR Criteria, please indicate areas of continued concern:

Dimension 1: Acute Intoxication/Withdrawal Potential:

Dimension 2: Biomedical Conditions and Complications:

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications:

Dimension 4: Readiness to Change:

Dimension 5: Relapse; Continued Problem Potential:

Dimension 6: Recovery Environment:

AXIS DSM IV Diagnosis:

Please identify the various AXIS dimensions:

AXIS I:
Add
Search by MHD code, description or category

AXIS II:
Add
Search by MHD code, description or category

AXIS III:
Add

AXIS IV:
Add

Global Assessment of Functioning (GAF)

Current: Highest level past year:

16. ASAM PPC-IIR Criteria, *each Dimension is required* to be filled in. The pull-down options for this section are as follows:

- a. Low
- b. Medium
- c. High

Please remember Low = Good, low concern; High = Poor, high concern in the area.

17. AXIS DSM IV Diagnosis Criteria, *each AXIS is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.

18. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.

19. The eighth section includes Current Medication, Transition/Discharge Plan, Changes to Financial Information and Provider Authentication.

Current Medication						
Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div>Add</div>						
*Transition/Discharge Plan:						
<div><input type="text"/></div>						
*Changes to Financial Information:						
<div><input type="text"/></div>						
<input type="checkbox"/> Check to allow any comment entered to be sent to the Problem-Solving Court						
Provider Authentication						
<small>Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.</small>						
<input type="checkbox"/> I Agree						
<small>HelpDesk, Probation</small>						
				<div>Save</div>	<div>Cancel</div>	

20. Under Current Medication, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.

- a. Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.

21. Under Transition/Discharge Plan, **Enter** a comment regarding the Plan for Discharge or Transition of the Client from this Level of Care.

22. Under Changes to Financial Information, **Enter** a comment regarding any changes to the Financial Information of the Client.

23. If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area for Changes to Financial Information.

24. Finally, under Provider Authentication, read the statement and **Check I Agree**.
25. It is recommended you complete this form in its entirety prior to saving, as you can see there are many *required* sections.
26. Once you have completed the form, **Click Save**.
 - a. Because data collection is also critical to the future of treatment services in Nebraska, even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System, the completed Monthly Progress Reports are *required* as part of the compliance process within the Standardized Model.
27. *It is highly recommended you print this information for your records.* To print: **Select Print** under Option on the left side of the screen.
28. See Complete Treatment Report section below for details on how to complete the report after you have saved.

Juvenile Mental Health Treatment Report

1. The Juvenile Mental Health Treatment Reports is divided into six sections. The first section contains Attendance.

Attendance
Please identify attendance based on reporting period from 09/18/2013 to 10/17/2013:
***Required Number for Juvenile during reporting period:** Session(s)

☐ Individual
☐ Treatment Group
☐ PsyEd Group
☐ Family

***Total Number Attended by Juvenile:** Session(s)

☐ Individual
☐ Treatment Group
☐ PsyEd Group
☐ Family

Anticipated Date of Discharge from this Level of Care:

2. Under Attendance you need to **Enter** the following:
 - a. Required Number for Client:
 - i. The Total # of Session(s)/Hour(s)/Day(s) you required the Client to attend during this Reporting Period. (*required field*)
 - ii. **Select** the appropriate checkbox(es) based on what type of treatment (Individual/Treatment Group/PsyEd Group/Family) you required the Client to attend during this Reporting Period. (*required field*) Multiple selections are allowed.
 - b. Total Number Attended by Client:
 - i. The Total # of Sessions(s)/Hour(s)/Day(s) the Client actually attended during this Reporting Period. (*required field*)
 - ii. **Select** the appropriate checkbox(es) based on what type of treatment (Individual/Treatment Group/PsyEd Group/Family) the Client actually attended during this Reporting Period. (*required field*) Multiple selections are allowed.
 - c. Anticipated Date of Discharge from this Level of Care:
 - i. The date on which you anticipate the Client will be discharged from this Level of Care. (*required field*)

3. The second section includes Participation.

Participation (select the best single option)

The Juvenile's participation in the provided service over the reporting period 09/18/2013 to 10/17/2013 can be best described as:

- ☐ Gaining insight as demonstrated by responses, actively engages in sessions and completion of assignments. Actively engages in placement activities and contributes to a positive environment
- ☐ Appears to be making progress as demonstrated by questions and engages somewhat in sessions and through assignments. Somewhat engages in placement activities and contributes minimally to a positive environment
- ☐ Appears to be making only minimal progress and responds in sessions only when asked or applies minimal effort on all assignments. Engages minimally in placement activities and does not contribute or detract from a positive environment
- ☐ Continues to be disengaged but is attending. Does not engage in placement activities, but is not disruptive
- ☐ Uncooperative or disruptive

4. Under Participation you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.

5. The third section contains State of Change and Family Engagement.

Stage of Change (select the best single option)

The Juvenile's Stage of Change on the last day of the Reporting Period 09/18/2013 to 10/17/2013 was:

- ☐ Precontemplative
- ☐ Contemplative
- ☐ Planning
- ☐ Action
- ☐ Maintenance

***Factors contributing to current Stage of Change:**

Family Engagement (select the best single option)

The family's participation in the provided service during the reporting period 09/18/2013 to 10/17/2013 can be best described as:

- ☐ Active-Interacts with the provider, is engaged in the outcomes and reinforces assignments. Regularly visits and calls if juvenile is in placement. These contacts generally contribute to the juvenile's positive participation in placement.
- ☐ Disengaged-does not interact with the provider, or work toward outcomes, but doesn't interfere with the juvenile attending the service. Lack of support often results in reduced participating in placement from the juvenile.
- ☐ Minimally active-Will respond to calls from the provider, but not engage on their own, is aware of the outcomes, but rarely reinforces assignments. Visits and phone calls are rare and often result in reduced participation in placement from the juvenile.
- ☐ Somewhat active-Will occasionally engage the provider on their own, is aware of the outcomes and reinforces assignments most of the time. Out of home visitation are irregular, but regularly calls, interactions may effect juvenile's participation positively and negatively.
- ☐ Uncooperative or disruptive

***Strategies to enhance family engagement:**

- 6. Under Stage of Change you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
- 7. Under Factors contributing to current State of Change, list all factors that are contributing to the current state of change.
- 8. Under Family Engagement, you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
- 9. Under Strategies to enhance Family Engagement, you need to **Enter** comments on how you can improve the Family's engagement.

10. The fourth section contains Relapse Triggers.

Relapse Triggers (select at least one)

Identify any relapse or relapse triggers for the individual during this reporting period 09/18/2013 to 10/17/2013 :(Select all that apply)

<input type="checkbox"/> Trouble thinking clearly	<input type="checkbox"/> Feeling that nothing can be solved
<input type="checkbox"/> Trouble managing feelings and emotions	<input type="checkbox"/> Compulsive behaviors
<input type="checkbox"/> Trouble remembering things	<input type="checkbox"/> Impulsive behavior
<input type="checkbox"/> Trouble managing stress	<input type="checkbox"/> Tendencies toward loneliness
<input type="checkbox"/> Trouble sleeping	<input type="checkbox"/> Tunnel vision
<input type="checkbox"/> Trouble with physical coordination	<input type="checkbox"/> Minor depression
<input type="checkbox"/> Feelings of shame, guilt and hopelessness	<input type="checkbox"/> Loss of constructive planning
<input type="checkbox"/> Believing "I'll never use again"	<input type="checkbox"/> Irregular eating habits
<input type="checkbox"/> Thinking about others instead of myself	<input type="checkbox"/> Lack of desire to take action
<input type="checkbox"/> Defensiveness	<input type="checkbox"/> Loss of daily structure
<input type="checkbox"/> Irregular attendance at Community Support Group Meetings	<input type="checkbox"/> Periods of deep depression
<input type="checkbox"/> Development of an "I don't care" attitude	<input type="checkbox"/> Complete loss of self-confidence
<input type="checkbox"/> Open rejection of help	<input type="checkbox"/> Deep resentments
<input type="checkbox"/> Feelings of powerlessness, helplessness or self-pity	<input type="checkbox"/> Discontinue all treatment and Community Support Groups
<input type="checkbox"/> Thoughts of social drinking	<input type="checkbox"/> Overwhelming loneliness, frustration, anger and tension
<input type="checkbox"/> Conscious lying	<input type="checkbox"/> Easily angered
<input type="checkbox"/> Loss of behavioral control	<input type="checkbox"/> Loss of control
<input type="checkbox"/> Return to "controlled" use	<input type="checkbox"/> Life problems
<input type="checkbox"/> Plans begin to fail	<input type="checkbox"/> None of the above
<input type="checkbox"/> Daydreaming and wishful thinking	
<input type="checkbox"/> Other: <input type="text"/>	

11. Under Relapse Triggers you must **Check** at least one box under this section. You may **Check** more than one, if it applies during this reporting period.

12. The fifth section displays Criminogenic Risk/Need Factors, AXIS DSM IV Diagnosis (Metal Health), GAF score and Current Medications.

Criminogenic Risk/Need Factors:

*How are you addressing the Criminogenic risk/need as identified in Client Detail?

*Summary of Juvenile's progress during this reporting period (09/18/2013 to 10/17/2013):

*Barriers (individual and/or family):

*Strengths (individual and/or family):

AXIS DSM IV Diagnosis:

Please identify the various AXIS dimensions:

AXIS I:
Add

AXIS II:
Add

AXIS III:
Add

AXIS IV:
Add

Global Assessment of Functioning (GAF)

Current: Highest level past year:

Current Medication

Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
						X

Add

13. Under Criminogenic Risk/Need Factors, you need to fill out the four comment boxes.
- In the first comment box, explain how you are addressing the Juvenile's criminogenic risk and need.
 - In the second comment box, fill in a summary of the progress made by the Juvenile during the reporting period.
 - In the third comment box, identify the Juvenile's barriers.
 - In the fourth comment box, identify the Juvenile's strengths.
14. AXIS DSM IV Diagnosis Criteria, *each AXIS is required* to be filled in. AXIS I & II is a search box that allows you to type a full or partial diagnosis description or MHD code and the system will display a listing of all applicable options for your selection. AXIS III is a free form text box to type your information. AXIS IV is a drop-down list to select one option.
15. Global Assessment of Functioning (GAF) criteria, **Enter** the GAF Scores if applicable. These are free form text fields. Allowable numbers are 0 (zero) through 100.
16. Under Current Medication, **Enter** the Medication Brand Name, Dosage, Frequency, Reason for Medication and Date Started if applicable.
- Keep in mind once one of these fields have data, you must **Enter** data for the rest of the fields.

17. The sixth section includes Transition/Discharge Plan, Changes to Financial Information and Provider Authentication.

The screenshot shows a web form with three main sections. The first section, titled '*Transition/Discharge Plan:', contains a large text input field. The second section, titled '*Changes to Financial Information:', also contains a large text input field. Below this is a checkbox labeled 'Check to allow any comment entered to be sent to the Problem-Solving Court'. The third section, titled 'Provider Authentication', includes a paragraph of text explaining that the user's name and password serve as an electronic signature and confirmation of accuracy. Below this text is a checkbox labeled 'I Agree'. At the bottom of the form are two buttons: 'Save' and 'Cancel'. The text 'HelpDesk, Probation' is visible in the bottom left corner of the form area.

***Transition/Discharge Plan:**

***Changes to Financial Information:**

☐ Check to allow any comment entered to be sent to the Problem-Solving Court

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

Save Cancel

18. Under Transition/Discharge Plan, **Enter** a comment regarding the Plan for Discharge or Transition of the Client from this Level of Care.
19. Under Changes to Financial Information, **Enter** a comment regarding any changes to the Financial Information of the Client.
20. If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area for Changes to Financial Information.
21. Finally, under Provider Authentication, read the statement and **Check** I Agree.
22. It is recommended you complete this form in its entirety prior to saving, as you can see there are many *required* sections.
23. Once you have completed the form, **Click Save**.
- a. Because data collection is also critical to the future of treatment services in Nebraska, even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System, the completed Monthly Progress Reports are *required* as part of the compliance process within the Standardized Model.
24. *It is highly recommended you print this information for your records.* To print: **Select Print** under Option on the left side of the screen.
25. See Complete Treatment Report section below for details on how to complete the report after you have saved.

Juvenile Report

1. The Juvenile Report is divided into four sections. The first section includes Date of Submission, Last Update Date and Attendance.

Save

Cancel

Attendance
Please identify attendance based on reporting period from 09/18/2013 to 10/17/2013:
*Required Number for Juvenile from 09/18/2013 to 10/17/2013: Hour(s)
☐ Individual

***Total Number Attended by Juvenile from 09/18/2013 to 10/17/2013:** Hour(s)
☐ Individual

Anticipated Date of Discharge from this Level of Care:

2. Under Attendance you need to **Enter** the following:
 - a. Required Number for Client:
 - i. The Total # of Session(s)/Hour(s)/Day(s) you required the Client to attend during this Reporting Period. *(required field)*
 - ii. **Select** the appropriate checkbox(es) based on what type of treatment (Individual) you required the Client to attend during this Reporting Period. *(required field)*
 - b. Total Number Attended by Client:
 - i. The Total # of Sessions(s)/Hour(s)/Day(s) the Client actually attended during this Reporting Period. *(required field)*
 - ii. **Select** the appropriate checkbox(es) based on what type of treatment (Individual) the Client actually attended during this Reporting Period. *(required field)*
 - c. Anticipated Date of Discharge from this Level of Care:
 - i. The date on which you anticipate the Client will be discharged from this Level of Care. *(required field)*
3. The second section includes Participation and Stage of Change.

Participation (select the best single option)
The Juvenile's participation in the provided service during the reporting period 09/18/2013 to 10/17/2013 can be best described as:
☐ Appears to be making only minimal progress and responds in sessions only when asked or applies minimal effort on all assignments. Engages minimally in placement activities and does not contribute or detract from a positive environment.
☐ Appears to be making progress as demonstrated by questions and engages somewhat in sessions and through assignments. Somewhat engages in placement activities and contributes minimally to a positive environment.
☐ Continues to be disengaged but is attending. Does not engage in placement activities, but is not disruptive.
☐ Gaining insight as demonstrated by responses, actively engages in sessions and completion of assignments. Actively engages in placement activities and contributes to a positive environment.
☐ Uncooperative or disruptive.

Stage of Change (select the best single option)
Individual's Stage of Change on the last day of the Reporting Period 09/18/2013 to 10/17/2013 was:
☐ Precontemplative
☐ Contemplative
☐ Planning
☐ Action
☐ Maintenance

***Factors contributing to current Stage of Change:**

4. Under Participation you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
5. Under Stage of Change you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
6. Under Factors contributing to current State of Change, list all factors that are contributing to the current state of change.
7. The third section includes Family Engagement.

Family Engagement (select the best single option)

The family's participation in the provided service during the reporting period 09/18/2013 to 10/17/2013 can be best described as:

- ☐ Active-Interacts with the provider, is engaged in the outcomes and reinforces assignments. Regularly visits and calls if juvenile is in placement. These contacts generally contribute to the juvenile's positive participation in placement.
- ☐ Disengaged-does not interact with the provider, or work toward outcomes, but doesn't interfere with the juvenile attending the service. Lack of support often results in reduced participating in placement from the juvenile.
- ☐ Minimally active-Will respond to calls from the provider, but not engage on their own, is aware of the outcomes, but rarely reinforces assignments. Visits and phone calls are rare and often result in reduced participation in placement from the juvenile.
- ☐ Somewhat active-Will occasionally engage the provider on their own, is aware of the outcomes and reinforces assignments most of the time. Out of home visitation are irregular, but regularly calls, interactions may effect juvenile's participation positively and negatively.
- ☐ Uncooperative or disruptive

***Strategies to enhance family engagement:**

8. Under Family Engagement, you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
9. Under Strategies to enhance Family Engagement, you need to **Enter** comments on how you can improve the Family's engagement.
10. The fourth section includes Criminogenic Risk/Need Factors.

Criminogenic Risk/Need Factors:

*How are you addressing the Criminogenic risk/need as identified in Client Detail?

*Summary of Juvenile's progress during this reporting period (09/18/2013 to 10/17/2013):

*Barriers (individual and/or family):

*Strengths (individual and/or family):

*How are you coordinating care with other Service Providers?

11. Under Criminogenic Risk/Need Factors, you need to fill out the four comment boxes.
 - a. In the first comment box, explain how you are addressing the Juvenile's criminogenic risk and need.


- b. In the second comment box, fill in a summary of the progress made by the Juvenile during the reporting period.
 - c. In the third comment box, identify the Juvenile's barriers.
 - d. In the fourth comment box, identify the Juvenile's strengths.
12. The fifth section includes Current Medications, Transition/Discharge Plan, Changes to Financial Information and Provider Authentication.

Current Medication(s)						
Medication Brand Name	Dosage	Frequency	Reason for Medication	Date Started	Date Discontinued	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Add						
*Transition/Discharge Plan: <input type="text"/>						
*Changes to Financial Information: <input type="text"/>						
<input type="checkbox"/> Check to allow any comment entered to be sent to the Problem-Solving Court						
Provider Authentication <small>Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.</small>						
<input type="checkbox"/> I Agree						
HelpDesk, Probation						
				<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

13. Under Transition/Discharge Plan, **Enter** a comment regarding the Plan for Discharge or Transition of the Client from this Level of Care.
14. Under Changes to Financial Information, **Enter** a comment regarding any changes to the Financial Information of the Client.
15. If you want to allow your comments to be sent to the Problem-Solving Court for a Problem-Solving Court participant, **Check** the checkbox below the comment area for Changes to Financial Information.
16. Finally, under Provider Authentication, read the statement and **Check** I Agree.
17. It is recommended you complete this form in its entirety prior to saving, as you can see there are many *required* sections.
18. Once you have completed the form, **Click Save**.
 - a. Because data collection is also critical to the future of treatment services in Nebraska, even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System, the completed Monthly Progress Reports are *required* as part of the compliance process within the Standardized Model.
19. *It is highly recommended you print this information for your records.* To print: **Select Print** under Option on the left side of the screen.
20. See Complete Treatment Report section below for details on how to complete the report after you have saved.

Complete Treatment Reports

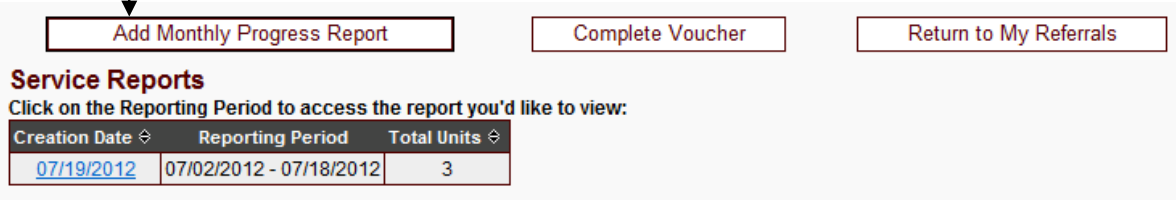
1. Once you have filled out the Treatment report completely, printed and saved, you are given the following options towards the top of the finished report.



The screenshot shows the top of a report with the following elements:

- Date of Submission:** 01/17/2013
- Last Update Date:** 01/17/2013
- Buttons: [Edit](#), [Delete](#), [Return to Monthly Report Listing](#), and [Return to My Referrals](#).

2. Edit, will allow you to change a Treatment Report for that Reporting Period.
3. Delete, will allow you to remove the Treatment Report you have selected from the database.
4. Return to Monthly Report Listing will bring up the following screen that allows you to modify any and all reports listed up until the time you fill out the Completed Voucher that is outlined in the next section of the manual.
5. To access another Client/Voucher combination, **Click Return to My Referrals** button.
6. When Return to Monthly Report Listing is selected, you are brought to the Completed Treatment Report screen.



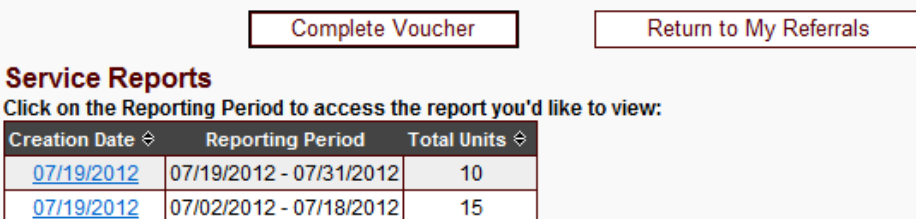
The screenshot shows the 'Completed Treatment Report' screen with the following elements:

- Buttons: [Add Monthly Progress Report](#), [Complete Voucher](#), and [Return to My Referrals](#).
- Service Reports**
- Text: Click on the Reporting Period to access the report you'd like to view:
- Table:

Creation Date ↕	Reporting Period	Total Units ↕
07/19/2012	07/02/2012 - 07/18/2012	3

7. Add Monthly Progress Report allows you to add another report.
8. Complete Voucher will take you to the screens to complete the voucher. See the next section of this manual for details.
9. To access another Client/Voucher combination, **Click Return to My Referrals** button.
10. When Add Monthly Progress Report is selected, you are given another Monthly Progress Report to complete. Complete all the previous steps identified above in the various sections to complete another report.
11. If you complete a report that has reached the voucher maximum allowed you will receive the following error.

- This voucher has reached maximum number of Hourss allowed. Please close out this voucher and call Supervising Officer to have another voucher issued if need be.



The screenshot shows the error message and navigation buttons:

- Buttons: [Complete Voucher](#) and [Return to My Referrals](#).
- Service Reports**
- Text: Click on the Reporting Period to access the report you'd like to view:
- Table:

Creation Date ↕	Reporting Period	Total Units ↕
07/19/2012	07/19/2012 - 07/31/2012	10
07/19/2012	07/02/2012 - 07/18/2012	15

12. *Complete Voucher* will take you to the screens to complete the voucher. See the next section of this manual for details.
13. To access another Client/Voucher combination, **Click** *Return to My Referrals* button.
14. If an Explanation of Benefits (EOB) is required before completion, you will be prompted to Upload EOB Document. **Click** the *Upload EOB Document* button.

Add Monthly Progress Report	Upload EOB Document	Return to My Referrals
---	-------------------------------------	--

15. When the Upload EOB Document button is selected, you will be brought to the screen below to upload.
 - a. **Click** the *Add button*. When you click this, you will be taken to your computer drives to select the EOB to be uploaded.
 - b. After EOB is selected, **click** the *Upload EOB Document button*.
 16. If you select the wrong EOB, you can select the Upload EOB Document button again to reselect a different document. This must be done prior to completing the voucher.
 - c. Once the EOB has been uploaded, you can then **select** the Complete Voucher button, to complete the process identified in the Complete Voucher section below.

*** - Required input**

1. EOB Document uploaded must be in pdf format, with *.pdf file extension. All other file types will be ignored.
2. All EOB's associated with the reporting period must be scanned into one PDF document for upload.
3. Click "Upload EOB Document" to complete the upload.
4. Any previously uploaded EOB document will be REPLACED.

[+ Add...](#)[X Clear All](#)

***EOB Document:** C:\fakepath\Test EOB.pdf

Done [Clear](#)

Upload EOB Document

Cancel

Variances to the Monthly Treatment Progress Report screens

1. *Save without filling out the required areas:* The system will notify you beside each line and indicate in **Red** what needs to be completed.

Note: These screens do not show the report in its entirety as not all areas are affected by these messages.

Treatment Reporting Period

Input error(s) on page. Please make necessary corrections.

Please indicate the Reporting Period:

*From : 12/10/2012 mm/dd/ccyy

*To : 01/11/2013 mm/dd/ccyy **Reporting period should not exceed 31 days.**

Input error(s) on page. Please make necessary corrections.

Attendance

Please identify attendance based on reporting period from 07/02/2012 to 07/19/2012:

*Required Number for juvenile during reporting period:

<input type="text"/>	Individual	Please provide a value
<input type="text"/>	Group	Please provide a value
<input type="text"/>	Family	Please provide a value

*Total Number Attended by juvenile:

<input type="text"/>	Individual	Please provide a value
<input type="text"/>	Group	Please provide a value
<input type="text"/>	Family	Please provide a value

*Total Anticipated Remaining in Treatment/Service: Session(s) **Please provide a value**

ASAM PPC-IIR:

Using ASAM PPC-IIR Criteria, please indicate areas of continued concern:

Dimension 1: Acute Intoxication/Withdrawal Potential: **Please provide a value**

Dimension 2: Biomedical Conditions and Complications: **Please provide a value**

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications: **Please provide a value**

Dimension 4: Readiness to Change: **Please provide a value**

Dimension 5: Relapse; Continued Problem Potential: **Please provide a value**

Dimension 6: Recovery Environment: **Please provide a value**

Contracted Services Progress Reports

This section allows you to add a Progress Report based on the process for the selected Client/Voucher combination, for the following:

- a. Electronic Monitoring
- b. Tracker

This information will be provided for Probation Officers to review when you have completed the report in full.

1. Select the Client/Voucher you wish to locate from the *My Referrals* section. **Click** on the hyperlink under *LOC Service*.

Menu	Service Provider
Welcome	Please provide ANY of the following to search for referrals: Client Last Name: <input type="text" value="petersen"/> Client First Name: <input type="text"/> Voucher Confirmation #: <input type="text"/> Voucher Status: <input type="text" value="All"/> Voucher Type: <input type="text" value="All"/> Completion Status: <input type="text" value="All"/> <input type="button" value="Search for Referrals"/>
Announcements	
My Particulars	
Accept Referral	
My Referrals	
Contracted Services Caseload	No. of referrals found: 12
Electronic Monitoring	
Tracker	
Option	
Print	
Tool Box	
Log Off	
Jser: EKroll	

Voucher Conf #	LoC Service	Client	Completion Status	SP Name	Status	Amount	Officer
2013TJUV2493	Electronic Monitoring GPS	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$1,080.00	Kroll, Elishia
2013TJUV380266	Spec. Psychiatric Residential Treatment Facility	Petersen, Cheyenne C		Kroll, Elishia	Accepted	\$9,210.00	Kroll, Elishia

Electronic Monitoring Report

1. The next screen will display the Offender and Voucher Information. **Click Add Progress Report** button when you have confirmed this is the correct Client/Voucher.

Electronic Monitoring Reports

Offender Name: Sample, Adam	Address: 10000 Dodge Street Omaha NB 68000
Phone/Mobile: (402)111-1111 /	Court Case: J1JV130001112
Voucher Conf. #: 2013TJUV254888	Level of Care Service: Electronic Monitoring GPS
Issued Date: 10/18/2013	Issued By Officer/Staff: HelpDesk, Probation (Probation)
Officer/Staff Email: fake@email.gov	Officer/Staff Phone: 6543213164

Add Progress Report **Return to My Referrals**

2. The system will then ask you to select the timeframe for the report. **Enter** the dates *From* and *To* and **Click Next**.

Electronic Monitoring Reporting Period

Please indicate the Reporting Period:

*From : mm/dd/ccyy

*To : mm/dd/ccyy





Next **Cancel**

3. The next screen will display the entire Electronic Monitoring Report form. Please make note this is a lengthy form. The Save and Cancel buttons will be visible only at the beginning and end of the form.

Save **Cancel**

4. The Electronic Monitoring Report form is divided into two sections. The first section includes a list of incidents occurring during the reporting period. There is room for up to 10 incidents on the form. To add more incidents, **Click Add More Incidents** at the bottom of the form.

Reporting levels for 10/01/2013 to 10/28/2013 documenting # of situations reviewed:

Date of Incident	Incident Level	Comment
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>

5. To add an incident, enter in the Date of the Incident, the Incident Level, and a comment concerning the incident.

Note that you do not have to fill in all 10 incident rows if the offender did not have 10 incidents. The system will ignore blank incident entries and incident entries with only an incident level, no comment, and no incident date.

6. The second section displays Comments and Provider Authentication.

Comments

Provide a brief narrative on the overall compliance for this 10/01/2013 to 10/28/2013 of service:

☐ Check to allow any comment entered to be sent to the Problem-Solving Court.

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

Save

Cancel

Add More Incidents

7. Under Comments, describe the overall compliance of the offender during the reporting period.
8. For Provider Authentication, read the statement and **Click** I Agree.
9. Once you have completed the form, **Click** Save.
 - a. Because data collection is also critical to the future of treatment services in Nebraska, even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System, the completed Monthly Progress Reports are required as part of the compliance process.
10. *It is highly recommended you print this information for your records.* To print: **Select** Print under Option on the left side of the screen.
11. See Complete Contracted Services Report section below for details on how to complete the report after you have saved.

Tracker Report

1. The next screen will display the Offender and Voucher Information. **Click Edit** under Date Service Started when you have confirmed this is the correct Client/Voucher.

Tracker Reports

Juvenile Name: Sample, Adam	Tracker: HelpDesk, Probation
Court Case: J1JV130001112	Date Service Started:
Voucher Conf. #: 2013TJUV959929	Issued Date: 10/18/2013
Intensity Level: Low	

[Return to Contracted Tracker Services Caseload](#)

Please indicate the Date service started before filing any progress reports

Date Service Started: [Edit](#)

2. The system will then ask you to select the start date for the tracker services. **Enter** the date on which service started and **Click Save**.

Tracker Reports

Juvenile Name: Sample, Adam	Tracker: HelpDesk, Probation
Court Case: J1JV130001112	Date Service Started:
Voucher Conf. #: 2013TJUV959929	Issued Date: 10/18/2013
Intensity Level: Low	

[Return to Contracted Tracker Services Caseload](#)

Date Service Started: mm/dd/ccyy

[Save](#) [Cancel](#)

3. Now, when you are ready to add a Weekly Progress Report, **Click Add Weekly Progress Report**.

Tracker Reports

Juvenile Name: Sample, Adam	Tracker: HelpDesk, Probation
Court Case: J1JV130001112	Date Service Started: 10/01/2013
Voucher Conf. #: 2013TJUV959929	Issued Date: 10/18/2013
Intensity Level: Low	

[Return to Contracted Tracker Services Caseload](#)

[Add Weekly Progress Report](#)

Date Service Started: 10/01/2013 [Edit](#)

- The system will then ask you to select the timeframe for the report. **Enter** the dates *From* and *To* and **Click Next**.

Tracking Reporting Period

Please indicate the Reporting Period:

*From :

mm/dd/ccyy

*To :

mm/dd/ccyy

Next

Cancel

- The next screen will display the entire Tracker Report form. Please make note this is a lengthy form. The Save and Cancel buttons will be visible only at the beginning and end of the form.

Save

Cancel

- The Tracker Report form is divided into four sections. The first section includes a list of contacts made during the reporting period. There is room for up to 7 contacts on the form. To add more contacts, **Click Add More Contacts** below the contacts.

Contact

☐ No Contact this reporting period

Contact	Area(s) Addressed	Comments
<div>Date: Contact Date:</div> <div></div> <div>mm/dd/ccyy</div> <div>Contact With:</div> <div></div> <div>Contact Type:</div> <div></div> <div>Time Duration:</div> <div></div>	<div><input type="checkbox"/> Supervision</div> <div><input type="checkbox"/> Skill Building and Personal Development</div> <div><input type="checkbox"/> Case Coordination and Collaboration</div> <div><input type="checkbox"/> Parent and Family Involvement</div> <div><input type="checkbox"/> School</div> <div><input type="checkbox"/> Leisure and Recreation Activities</div> <div><input type="checkbox"/> Restorative Justice</div> <div><input type="checkbox"/> Support Systems</div> <div><input type="checkbox"/> Community Service</div> <div><input type="checkbox"/> Transportation to Appointments</div> <div><input type="checkbox"/> Curfew Check</div>	
<div>Date: Contact Date:</div> <div></div> <div>mm/dd/ccyy</div> <div>Contact With:</div> <div></div> <div>Contact Type:</div> <div></div> <div>Time Duration:</div> <div></div>	<div><input type="checkbox"/> Supervision</div> <div><input type="checkbox"/> Skill Building and Personal Development</div> <div><input type="checkbox"/> Case Coordination and Collaboration</div> <div><input type="checkbox"/> Parent and Family Involvement</div> <div><input type="checkbox"/> School</div> <div><input type="checkbox"/> Leisure and Recreation Activities</div> <div><input type="checkbox"/> Restorative Justice</div> <div><input type="checkbox"/> Support Systems</div> <div><input type="checkbox"/> Community Service</div> <div><input type="checkbox"/> Transportation to Appointments</div> <div><input type="checkbox"/> Curfew Check</div>	

- To add a contact, enter in the Date of the Contact, Contact With, Contact Type, Time Duration, Area(s) Addressed, and Comments concerning the contact. If there was no contact during the reporting period, **Check** the No Contact box above the contacts.

Note that you do not have to fill in all 7 contact rows if there were not 7 contacts made.

8. The second section includes Participation and Stage of Change.

Participation (select the best single option)

The juvenile's participation in the provided service during the reporting period 10/01/2013 to 10/07/2013 can be best described as:

- ☐ Gaining insight as demonstrated by responses, actively engages in sessions and completion of assignments. Actively engages in placement activities and contributes to a positive environment.
- ☐ Appears to be making progress as demonstrated by questions and engages somewhat in sessions and through assignments. Somewhat engages in placement activities and contributes minimally to a positive environment.
- ☐ Appears to be making only minimal progress and responds in sessions only when asked or applies minimal effort on all assignments. Engages minimally in placement activities and does not contribute or detract from a positive environment.
- ☐ Continues to be disengaged but is attending. Does not engage in placement activities, but is not disruptive.
- ☐ Uncooperative or disruptive.

Stage of Change (select the best single option)

The Juvenile's Stage of Change on the last day of the reporting period 10/01/2013 to 10/07/2013 was:

- ☐ Precontemplative
- ☐ Contemplative
- ☐ Planning
- ☐ Action
- ☐ Maintenance

***Factors contributing to current Stage of Change:**

9. Under Participation you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
10. Under Stage of Change you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
11. Under Factors contributing to current State of Change, list all factors that are contributing to the current state of change.
12. The third section includes Family Engagement.

Family Engagement (select the best single option)

The family's participation in the provided service during the reporting period 10/01/2013 to 10/07/2013 can be best described as:

- ☐ Active-Interacts with the provider, is engaged in the outcomes and reinforces assignments. Regularly visits and calls if juvenile is in placement. These contacts generally contribute to the juvenile's positive participation in placement.
- ☐ Somewhat active-Will occasionally engage the provider on their own, is aware of the outcomes and reinforces assignments most of the time. Out of home visitation are irregular, but regularly calls, interactions may effect juvenile's participation positively and negatively.
- ☐ Minimally active-Will respond to calls from the provider, but not engage on their own, is aware of the outcomes, but rarely reinforces assignments, Visits and phone calls are rare and often result in reduced participation in placement from the juvenile.
- ☐ Disengaged-does not interact with the provider, or work toward outcomes, but doesn't interfere with the juvenile attending the service. Lack of support often results in reduced participating in placement from the juvenile.
- ☐ Uncooperative or disruptive

***Strategies to enhance family engagement:**

13. Under Family Engagement, you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
14. Under Strategies to enhance Family Engagement, you need to **Enter** comments on how you can improve the Family's engagement.
15. The fourth section includes Criminogenic Risk/Need Factors and Provider Authentication.

Criminogenic Risk/Need Factors:

*How are you addressing the Criminogenic risk/need as identified in Client Detail?

*Summary of Juvenile's progress during this reporting period (10/01/2013 to 10/07/2013):

*Barriers (individual and/or family):

*Strengths (individual and/or family):

☐ Check to allow any comment entered to be sent to the Problem-Solving Court.

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree

HelpDesk, Probation

Save
Cancel

16. Under Criminogenic Risk/Need Factors, you need to fill out the four comment boxes.
 - a. In the first comment box, explain how you are addressing the Juvenile's criminogenic risk and need.
 - b. In the second comment box, fill in a summary of the progress made by the Juvenile during the reporting period.
 - c. In the third comment box, identify the Juvenile's barriers.
 - d. In the fourth comment box, identify the Juvenile's strengths.
17. Below the Criminogenic Risk/Need Factors is a checkbox. **Check** this box to allow the comments made in this report to be sent to the Juvenile's Problem-Solving Courts, if the Juvenile is in the Problem-Solving Courts system.
18. For Provider Authentication, read the statement and **Click** I Agree.
19. Once you have completed the form, **Click** Save.

- a. Because data collection is also critical to the future of treatment services in Nebraska, even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System, the completed Weekly Progress Reports are required as part of the compliance process.
20. *It is highly recommended you print this information for your records.* To print: **Select Print** under Option on the left side of the screen.
21. See Complete Contracted Services Report section below for details on how to complete the report after you have saved.

Complete Contracted Services Reports

1. Once you have filled out the Contracted Service report completely, printed and saved, you are given the following options towards the top of the finished report.

2. Edit, will allow you to change a Contracted Services Report for that Reporting Period.

3. Delete, will allow you to remove the Contracted Services Report you have selected from the database.

4. Return to Monthly Report Listing will bring up the following screen that allows you to modify any and all reports listed up until the time you fill out the Completed Voucher that is outlined in the next section of the manual.

5. To access another Client/Voucher combination, **Click Return to My Referrals** button.

6. When Return to Monthly Report Listing is selected, you are brought to the Completed Treatment Report screen.

Date Service Started: 10/01/2013 **Edit**

Service Reports
Click on the Creation Date to access the report you'd like to view:

Creation Date	Reporting Period	Total Days
10/29/2013	10/22/2013 - 10/28/2013	7

7. Add Weekly Progress Report allows you to add another report.
8. Complete Voucher will take you to the screens to complete the voucher. See the next section of this manual for details.
9. To access another Client/Voucher combination, **Click Return to Contracted Tracker Services Caseload** or **Return to Contracted Electronic Monitoring Services Caseload** button.
10. When Add Weekly Progress Report is selected, you are given another Weekly Progress Report to complete. Complete all the previous steps identified above in the various sections to complete another report.
11. If you complete a report that has reached the voucher maximum allowed you will receive the following error.

- This voucher has reached maximum number of Hourss allowed. Please close out this voucher and call Supervising Officer to have another voucher issued if need be.

[Complete Voucher](#)

[Return to My Referrals](#)

Service Reports

Click on the Reporting Period to access the report you'd like to view:

Creation Date ↕	Reporting Period	Total Units ↕
07/19/2012	07/19/2012 - 07/31/2012	10
07/19/2012	07/02/2012 - 07/18/2012	15

12. *Complete Voucher* will take you to the screens to complete the voucher. See the next section of this manual for details.
13. To access another Client/Voucher combination, **Click** *Return to My Referrals* button.

Variances to the Contracted Services Progress Report screens



1. *Save without filling out the required areas:* The system will notify you beside each line and indicate in **Red** what needs to be completed.

Note: These screens do not show the report in its entirety as not all areas are affected by these messages.

Input error(s) on page. Please make necessary corrections.

- The reporting period must not be more than 7 days.

Please indicate the Reporting Period:

*From :  mm/dd/ccyy
*To :  mm/dd/ccyy

Input error(s) on page. Please make necessary corrections.

Participation (select the best single option)

The juvenile's participation in the provided service during the reporting period 10/22/2013 to 10/28/2013 can be best described as:

Please provide a value

Stage of Change (select the best single option)

The Juvenile's Stage of Change on the last day of the reporting period 10/22/2013 to 10/28/2013 was:

Please provide a value

Family Engagement (select the best single option)

The family's participation in the provided service during the reporting period 10/22/2013 to 10/28/2013 can be best described as:

Please provide a value

*Strategies to enhance family engagement: Please provide a value

Criminogenic Risk/Need Factors:

*How are you addressing the Criminogenic risk/need as identified in Client Detail? Please provide a value

*Summary of Juvenile's progress during this reporting period (10/22/2013 to 10/28/2013): Please provide a value

*Barriers (individual and/or family): Please provide a value

*Strengths (individual and/or family): Please provide a value

☐ Check to allow any comment entered to be sent to the Problem-Solving Court.

Provider Authentication

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree Please indicate you agree to the Provider Authentication as described above

HelpDesk, Probation

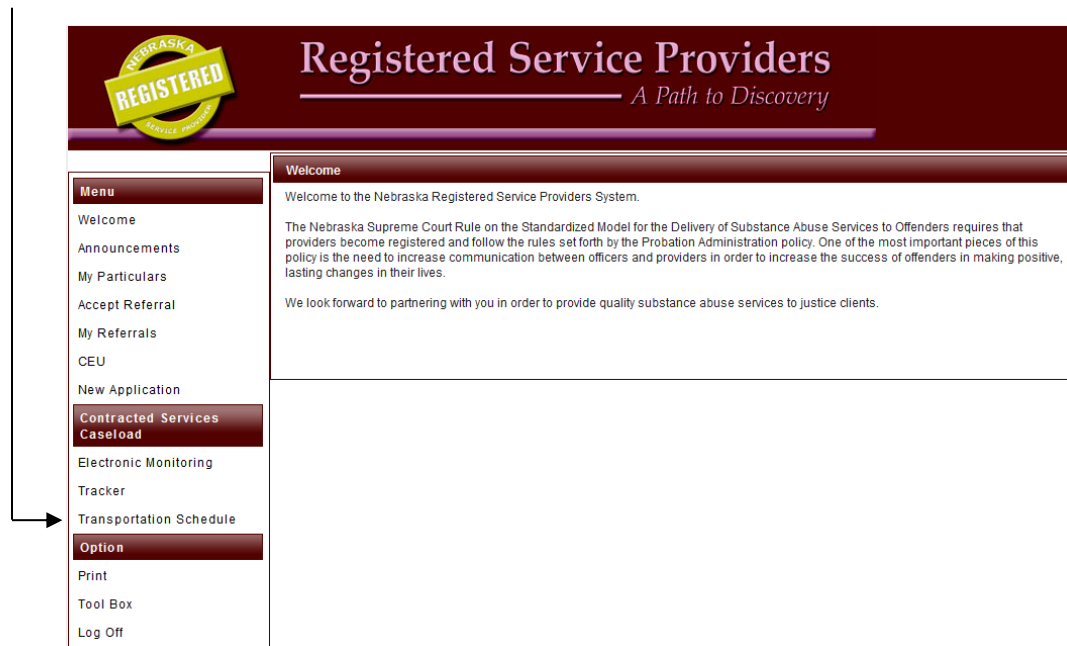
Save

Cancel

Contracted Transportation

This section allows you to view the Transportation Schedule for the Selected Client/Voucher combination for Contracted Transportation. *Note that you do not need to accept referrals for Contracted Transportation; if your agency provides Contracted Transportation, referrals will be accepted for you by Probation staff when needed.*

1. **Click on Transportation Schedule.** The menu option will look like the following.



2. The next screen will display the current month. **Select Referral** to view the Transportation schedule of the correct accepted Client/Voucher and **Click Search**.

Transportation Schedule

The following schedule is for reference only, If you have a different schedule, please contact the Officer that issued the voucher.

*Agency: Kim's Agency ▾

*Referral: ▾

Search

today

February 2014

month week day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1

3. The system will then display the Transportation Schedule for the Client/Voucher.

today

February 2014

month

week

day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11 9p sfdg	12	13 3p adf Return 6p	14 3p adf Return 6p	15 12p sfdg Return 2p
16 1p sfdg Return 1:50p	17	18	19	20 3p adf Return 6p	21 3p adf Return 6p	22 1p sfdg Return 2:50p
23 11a sfdg Return 3p	24	25	26	27 3p adf Return 6p	28 3p adf Return 6p	1
2	3	4	5	6	7	8

4. To change months, click the left or right arrow at the top left of the calendar. To switch between Monthly, Weekly, and Daily view, click Month, Week, or Day at the top right of the calendar.

5. Double-click on any blue time to view more information on the transportation scheduled for that time.

Transportation Voucher

Voucher Conf No.: 2014TRJUV150313

Trip Type: One Way

From Location: sfdg
adf Ainsworth NB 65463
(416)310-3106

To Location: adf
adfafd Ainsworth NB 65432
(651)463-1321





Selected: Tue Feb 11 21:00

Done

6. Your agency will be notified of any changes to the status of each transport on the Transportation Schedule. ***It is your responsibility to be aware of the current status of each transport and be present and on time for each Confirmed scheduled transport.***

7. The Electronic Monitoring Report form is divided into two sections. The first section includes a list of incidents occurring during the reporting period. There is room for up to 10 incidents on the form. To add more incidents, **Click Add More Incidents** at the bottom of the form.

Reporting levels for 10/01/2013 to 10/28/2013 documenting # of situations reviewed:

Date of Incident	Incident Level	Comment
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>
<input type="text"/>  mm/dd/ccyy	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low	<div><div></div></div>

8. To add an incident, enter in the Date of the Incident, the Incident Level, and a comment concerning the incident.

Note that you do not have to fill in all 10 incident rows if the offender did not have 10 incidents.

9. The second section displays Comments and Provider Authentication.

Comments
Provide a brief narrative on the overall compliance for this 10/01/2013 to 10/28/2013 of service:

☐ Check to allow any comment entered to be sent to the Problem-Solving Court.

Provider Authentication
Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have provided the service in accord with the expectations of the Nebraska Supreme Court, Administrative Office of Probation.

☐ I Agree
HelpDesk, Probation

Save

Cancel

Add More Incidents

10. Under Comments, describe the overall compliance of the offender during the reporting period.
11. For Provider Authentication, read the statement and **Click** I Agree.
12. Once you have completed the form, **Click** Save.
 - b. Because data collection is also critical to the future of treatment services in Nebraska, even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System, the completed Monthly Progress Reports are required as part of the compliance process.
13. *It is highly recommended you print this information for your records.* To print: **Select** Print under Option on the left side of the screen.
14. See Complete Contracted Services Report section below for details on how to complete the report after you have saved.

Complete Voucher Process

This section of the system is the final section for Service Providers. This allows you to notify us that you are finished with adding Monthly Progress Reports for the selected Client/Voucher combination. Once this section is filled out in full, it will lock all connected Monthly Progress Reports from being modified by you. This information will be provided for Officers to review when you have filled out the report in full.

1. If completing from the *My Referrals* section, **Select** the Client/Voucher you wish to locate. **Click** on the hyperlink under *LOC Service*, in this case *Outpatient Services*.

Menu	Service Provider																															
Welcome Announcements My Particulars Accept Referral My Referrals	Please provide ANY of the following to search for referrals: Client Last Name: <input type="text" value="petersen"/> Client First Name: <input type="text"/> Voucher Confirmation #: <input type="text"/> Voucher Status: <input type="text" value="All"/> Voucher Type: <input type="text" value="All"/> Completion Status: <input type="text" value="All"/> <div>Search for Referrals</div>																															
Contracted Services Caseload Electronic Monitoring Tracker	No. of referrals found: 13 <table border="1"> <thead> <tr> <th>Voucher Conf #</th> <th>LoC Service</th> <th>Client</th> <th>Completion Status</th> <th>SP Name</th> <th>Status</th> <th>Amount</th> <th>Officer</th> </tr> </thead> <tbody> <tr> <td>2013TJUV249333</td> <td>Electronic Monitoring GPS</td> <td>Petersen, Cheyenne C (Client Detail)</td> <td></td> <td>Kroll, Elishia</td> <td>Accepted</td> <td>\$1,080.00</td> <td>Kroll, Elishia</td> </tr> <tr> <td>2013TJUV380266</td> <td>Spec. Psychiatric Residential Treatment Facility</td> <td>Petersen, Cheyenne C</td> <td></td> <td>Kroll, Elishia</td> <td>Accepted</td> <td>\$9,210.00</td> <td>Kroll, Elishia</td> </tr> </tbody> </table>								Voucher Conf #	LoC Service	Client	Completion Status	SP Name	Status	Amount	Officer	2013TJUV249333	Electronic Monitoring GPS	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$1,080.00	Kroll, Elishia	2013TJUV380266	Spec. Psychiatric Residential Treatment Facility	Petersen, Cheyenne C		Kroll, Elishia	Accepted	\$9,210.00	Kroll, Elishia
Voucher Conf #	LoC Service	Client	Completion Status	SP Name	Status	Amount	Officer																									
2013TJUV249333	Electronic Monitoring GPS	Petersen, Cheyenne C (Client Detail)		Kroll, Elishia	Accepted	\$1,080.00	Kroll, Elishia																									
2013TJUV380266	Spec. Psychiatric Residential Treatment Facility	Petersen, Cheyenne C		Kroll, Elishia	Accepted	\$9,210.00	Kroll, Elishia																									
Option Print Tool Box Log Off	User: EKroll																															

2. This will bring you back to the Monthly Report Listing screen, **Click Complete Voucher** button.
 - a. You can also complete the voucher directly from this screen after you have completed a Monthly Report, without having to go back to *My Referrals*.

Add Monthly Progress Report

→

Complete Voucher

Return to My Referrals

Service Reports

Click on the Reporting Period to access the report you'd like to view:

Creation Date ↕	Reporting Period	Total Units ↕
01/17/2013	12/15/2012 - 01/14/2013	3

3. The following screen is the Voucher Completion Report.

Voucher Completion

* - Required Entry

***Completion Date:** mm/dd/ccyy

Offender Ability To Pay Amount(\$):

***Total Service Units:** 3 Day

***Completion Status:**

***Location: (select one)**

☐ 123 Candy Cane Lane Lincoln NB 68509

☐ 1234 candy cane omaha NB 68498

Save

Cancel

4. Completion Date (*required field*): is the last date you provide treatment services to the client for this Voucher. The Completion Date must be after the Admission Date and must be in the appropriate Fiscal Year, which runs from July 1st to June 30th. If the voucher is issued before July 1st in a given year, the Completion Date must be on or before June 30th of that year.

For example, if a Voucher is issued on June 1, 2014, which is before July 1, 2014, the Completion Date must be no later than June 30, 2014. Even if the voucher is issued as early as July 1, 2013, it must have a Completion Date of no later than June 30, 2014.

5. Offender Ability to Pay Amount: is the total amount for this Voucher that the Client has the ability to pay. Remember to apply the Substance Abuse sliding fee scale or an income-based sliding scale where applicable.
 - a. Enter as dollars and cents.
 - b. If the Client is unable to pay, leave the amount as 0.00.
6. Completion Status (*required field*): is your final determination at the end of this Voucher.
 - a. Terminated Unsuccessfully

- b. Referred to a higher Level of Care
- c. Successfully Completed
- d. Continuing Treatment

Note: if the voucher is a Treatment voucher and either a, b or d is selected, you will be required to complete a Discharge Summary Report. See the section below for instructions on the Discharge Summary Report.

7. If you work at multiple locations, you will need to **Select** the location where treatment was completed.
8. Once you have completed this report, **Click Save**.
 - a. Because data collection is also critical to the future of treatment services in Nebraska even if you are a Service Provider that does not accept Vouchers from the Nebraska Probation System the finished Voucher Completion Report is required as part of the compliance process within the Model.
9. In the next screen you will be shown the completed Voucher Completion Report. *It is highly recommended you print this information for your records.*

[Return to My Referrals](#)

Service Reports

Click on the Reporting Period to access the report you'd like to view:

Creation Date ↕	Reporting Period	Total Units ↕
01/17/2013	12/15/2012 - 01/14/2013	3

Voucher Completion

*Completion Date: 01/17/2013

Offender Ability To Pay Amount(\$): 0.00

*Total Service Units: 3 Days

*Completion Status: Successfully completed

*Location: (select one)

☒ 123 Candy Cane Lane Lincoln NB 68509
☐ 1234 candy cane omaha NB 68498

10. **Click Return to My Referrals**, here you will see the Completion Status change accordingly when you fill out the Completion Report section of the form.

No. of referrals found: 13

Voucher Conf #	LoC Service ↕	Client ↕	Completion Status ▾	SP Name ↕	Status ↕	Amount	Officer ↕
2012TJUV221969	Electronic Monitoring Cell Phone	Petersen, Cheyenne C (Client Detail)	Successfully completed	Kroll, Elishia	Paid	\$348.00	Kroll, Elishia
2013EJUV340265	Medication Management	Petersen, Cheyenne C (Client Detail)	Successfully completed	Kroll, Elishia	SP Completed	\$42.00	Kroll, Elishia
2013EJUV374335	Psychological Evaluation	Petersen, Cheyenne C	Successfully completed	Kroll, Elishia	SP Completed	\$750.00	Kroll, Elishia

Discharge Summary Report

1. The Discharge Summary Report will be *required* for each Treatment type voucher; Treatment Report, Juvenile Mental Health Treatment Report and Juvenile Report. This report will appear when the Voucher Completion status equals one of the following:
 - a. Terminated Unsuccessfully
 - b. Referred to a Higher Level of Care
 - c. Successfully Completed

* - Required Entry

Voucher Completion

*Completion Date: 01/17/2013 mm/dd/ccyy

Offender Ability To Pay Amount(\$): 0.00

*Total Service Units: 0 Hour

*Completion Status: Referred to a higher Level of Care ▼

*Location: (select one)

☐ 123 Candy Cane Lane Lincoln NB 68509

☐ 1234 candy cane omaha NB 68498

2. **Click** on *Complete Discharge Summary*. All fields are *required* on this report.
3. The Discharge Summary Report is divided into three sections. The first section contains Admission Date, ASAM PPC-IIR, Stage of Change and Criminogenic Risk/Need Factors.

Please complete all entries

AT ADMISSION:

Admission Date: mm/dd/ccyy

ASAM PPC-IIR:

Using ASAM PPC-IIR Criteria, please indicate areas of continued concern:

Dimension 1: Acute Intoxication/Withdrawal Potential:

Dimension 2: Biomedical Conditions and Complications:

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications:

Dimension 4: Readiness to Change:

Dimension 5: Relapse; Continued Problem Potential:

Dimension 6: Recovery Environment:

Stage of Change (select the best option)

☐ Precontemplative

☐ Contemplative

☐ Planning/Preparation

☐ Action

☐ Maintenance

Criminogenic Risk/Need Factors

Identify any criminogenic risk/ or need factors not previously identified, not yet addressed or requiring continued attention:

<input type="checkbox"/> Criminal History	<input type="checkbox"/> Companions
<input type="checkbox"/> Education/Employment	<input type="checkbox"/> Alcohol/Drug Problem
<input type="checkbox"/> Family/Marital	<input type="checkbox"/> Procriminal Attitude/Orientation
<input type="checkbox"/> Leisure/Recreation	<input type="checkbox"/> Social Patterns

Identify any criminogenic risk/ or need factors that are positively contributing to recovery:

<input type="checkbox"/> No Criminal Activity	<input type="checkbox"/> Companions
<input type="checkbox"/> Education/Employment	<input type="checkbox"/> Alcohol/Drug Treatment
<input type="checkbox"/> Family/Marital	<input type="checkbox"/> Prosocial Attitude/Orientation
<input type="checkbox"/> Leisure/Recreation	<input type="checkbox"/> Social Patterns

4. The first section displays At Admission information. There are 4 subsections.
 - a. Admission Date: is the date the Client was admitted to your service.
 - b. ASAM PPC-IIR Criteria, *each* Dimension *is required* to be filled in. The pull-down options for this sections are as follows:
 1. Low
 2. Medium
 3. High
 - c. Under Stage of Change you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
 - d. Under Criminogenic Risk/Need Factors there are two subsections.
 1. Identify those Risk/Needs not previously detected.
 - i. Multiple *selections* are allowed. **Select** the best option(s) based on your assessment during this reporting period.
 2. Identify those Risk/Needs that are positively contributing to the Offenders recovery.
 - i. Multiple *selections* are allowed. **Select** the best option(s) based on your assessment during this reporting period.
5. The second section displays At Discharge information. There are 4 subsections.
 - a. Discharge Date: is the date the Client was discharged from your service.
 - b. ASAM PPC-IIR Criteria, *each* Dimension *is required* to be filled in. The pull-down options for this sections are as follows:
 1. Low
 2. Medium
 3. High

- c. Under Stage of Change you need to **Select** the best option based on your assessment during this reporting period. Only one *selection* is allowed.
 - d. Under Criminogenic Risk/Need Factors there are two subsections.
 - 1. Identify those Risk/Needs not previously detected.
 - i. Multiple *selections* are allowed. **Select** the best option(s) based on your assessment during this reporting period.
 - 2. Identify those Risk/Needs that are positively contributing to the Offenders recovery.
 - i. Multiple *selections* are allowed. **Select** the best option(s) based on your assessment during this reporting period.
6. The third section displays Treatment Summary information.
- a. Number of Hour(s) attended:
 - 1. Groups – the total # of Hour(s) the Client actually attended during the whole time of treatment.
 - 2. Individual – the total # of Hour(s) the Client actually attended during the whole time of treatment.
 - 3. Family – the total # of Hours(s) the Client actually attended during the whole time of treatment.
 - b. The following individual assignments were completed – **Type** the *assignments* that were completed during the whole time of treatment.
 - c. Tools/Skills client reported may indicate relapse – **Type** the *tools/skills* that you feel may indicate relapse. If there aren't any, enter N/A or None.
 - d. Signs/symptoms client reported may indicate relapse – **Type** the *signs/symptoms* that you feel may indicate relapse. If there aren't any, enter N/A or None.
 - e. Issues/problems client would like to work on – **Type** the *issues/problems* identified by the client. If there aren't any, enter N/A or None.
 - f. Individual strengths – **Type** the *individual strengths* of the client.
 - g. Individual limitations – **Type** the *individual limitations* of the client.
 - h. Community Support Contact – **Type** the *community support contact* information for the client.
 - i. Prognosis – The pull-down options for this sections are as follows:
 - 1. Fair
 - 2. Good
 - 3. Guarded
 - 4. Poor
 - j. Continuing Care/Recommendations – **Type** the *continuing care/recommendations* you feel are necessary for the client.
7. **Click Save.** You will then be returned to the Voucher Completion Summary page.

Click on the Submission Date to access the report you'd like to view:

Creation Date ▾	Reporting Period	Total Units ▾
01/17/2013	12/14/2012 - 01/13/2013	0

Discharge Summary

Discharge Date: [01/16/2013](#)

Explanation of Benefits (EOB)

Document: 

Voucher Completion

*Completion Date: 01/17/2013

Offender Ability To Pay Amount(\$): 0.00

*Total Service Units: 0 Hour

*Completion Status: Referred to a higher Level of Care

*Location: (select one)

☒ 123 Candy Cane Lane Lincoln NB 68509

☐ 1234 candy cane omaha NB 68498

8. It is highly recommended you print this information for your records. To print: **Click** the *Discharge Date* hyperlink. This will open the completed Discharge Summary. Next: **Select** *Print* under Option on the left side of the screen.

9. **Click** *Return to My Referrals*, here you will see the Completion Status change accordingly.

2013TJUV693242	SA Intensive Outpatient	Petersen, Cheyenne C (Client Detail)	Referred to a higher Level of Care	Kroll, Elishia	SP Completed	\$0.00	Kroll, Elishia
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10. Congratulations, you have successfully completed the entire Client/Voucher process utilizing the system.

Editing and Deleting Reports

This section allows you to edit or delete any type of Report.

Occasionally, a Voucher will be placed into QCR SP Review, a status that allows you to edit or delete reports to correct errors. When in this status, complete the following to edit or delete a report already submitted.

1. Select the Client/Voucher you wish to locate from the *My Referrals* section. **Click** on the hyperlink under *LOC Service*.

Menu	My Referrals
Welcome	Please provide ANY of the following to search for referrals:
Announcements	Client Last Name: <input type="text"/> Client First Name: <input type="text"/>
My Particulars	Voucher Confirmation #: <input type="text"/>
Accept Referral	Voucher Status: <input type="text" value="QCR SP Review"/>
My Referrals	Voucher Type: <input type="text" value="All"/>
CEU	Completion Status: <input type="text" value="All"/> Completion Date: <input type="text" value="mm/dd/ccyy"/>
New Application	<input type="button" value="Search for Referrals"/>
Program Plan	No. of referrals found: 1
Overview	
Contracted Services	
Electronic Monitoring	
Tracker	
Option	
Print	
Tool Box	
Log Off	

Voucher Conf #	LoC Service	Client	Date Issued	Completion Status	Completion Date	SP Name	Status	Amount	Officer
2014130V119256	Electronic Monitoring GPS	ANDERS, BRISHAN C (Client Detail)	03/24/2014	Successfully completed	03/26/2014	HelpDesk, Probation17 (active)	QCR SP Review	\$140.00	Kroll, Elishia

- The next screen will display the Offender and Voucher Information along with any reports or completion information. **Click the Creation Date** of a report to view it when you have confirmed this is the correct Client/Voucher.

Electronic Monitoring Reports

Offender Name: ANDERS, BRISHAN C

Address: 530 South 5th Ave Broken Bow NB 68822

Phone/Mobile: / (308)870-4183

Court Case: J4JV130000041

Voucher Conf. #: 2014TJUV119258

Level of Care Service: Electronic Monitoring GPS

Issued Date: 03/24/2014

Issued By Officer/Staff: Kroll, Elishia (Probation)

Officer/Staff Email:

Officer/Staff Phone:

This voucher is under SP Review. Please make necessary changes. To complete the review, proceed to 'Complete Voucher'.

Add Progress Report

Complete Voucher

Return to My Referrals

Service Reports

Click on the Creation Date to access the report you'd like to view:

Creation Date	Reporting Period	Total Days
04/01/2014	03/24/2014 - 03/30/2014	7

Voucher Completion

*Admission Date: 03/25/2014

*Completion Date: 03/26/2014

*Total Service Units: 7 Days

*Completion Status: Successfully completed

- The system will then display the report in full, with the following buttons at the top and bottom of the page.

Electronic Monitoring Report

Offender Name: ANDERS, BRISHAN C

Address: 530 South 5th Ave Broken Bow NB 68822

Phone/Mobile: / (308)870-4183

Court Case: J4JV130000041

Voucher Conf. #: 2014TJUV119258

Level of Care Service: Electronic Monitoring GPS

Issued Date: 03/24/2014

Issued By Officer/Staff: Kroll, Elishia (Probation)

Officer/Staff Email:

Officer/Staff Phone:

Edit

Delete

Return to Report Listing

Return to My Referrals

- Click Edit** if you need to edit the report. See the appropriate section above for instructions on completing the report.
- Click Delete** if you need to delete the report. A confirmation box will pop-up for you to confirm the deletion of the report. **Note that deletion is permanent. Once deleted, all information is lost.**
- While in QCR SP Review, you can also add new reports. See the appropriate section above for instructions on adding reports.
- When you have finished editing, deleting, and/or adding reports to the Voucher, you will need to Complete the Voucher. From the Report Listing for the Voucher, **Click Complete Voucher**. As per the Complete Voucher Process above, edit the Completion Information and **Click Complete Voucher** when you have ensured that all information is correct. This will complete the Voucher.

8. This manual is designed into individualized sections for your convenience. Should you need to refer back to any section, please feel free to do so.